## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K56907** 

(4)

1. Corporation Name  JUDITH A. STANICH, INC.  Principal Place of Business  Mailing Address  Mailing Address  Mailing Address  JUDITH A. STANICH  1192 SW 25TH AVE.  DEERFIELD BEACH FL 33442  DEERFIELD BEACH FL 33442-6046								
		<del></del>			Date Incorporated or Qualified     01/10/1989	3a. Date of 02/29/1		port
2 Principal	Place of Business	2a. Mailing Address			4. FEI Number	VELEGI		olied For
21		26			65-0090716		·	Applicable
Suite, Ap	t.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		B.75 A	
City & Sta	ale	City & State	-1. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	Election Campaign Financing     Trust Fund Contribution		5.00 M Added to	
Zip 24	Country 25	Zip 29 3	Countr	y	8. This corporation has liability for	intangible tax u		199.032,
<u></u>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agen	ıt	
	92 SW 25TH AVE. EERFIELD BEACH FL 33442		83		dress (P.O. Box Number is Not Acceptat	FL 85	i Zip C	ode
11. Pursuan office or agent. I SIGNATURE	r registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized bida Statute	y the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstating.	purpose of char pt the appointm	nging its nent as re	registered egistered
12.	OFFICERS AND DIRECTORS			·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE				Change	Addition
NAME STREET ADDRESS	STANICH, JUDITH A. 1192 SW 25TH AVE.		1.2 NAME 1.3 STREE	T ADDRESS				
CITY-ST-717	DEERFIELD BEACH FL		1.4 CITY-	ST-ZIP				
DILE	}	☐ DELETE	2.1 TITLE			Ц	Change	Addition
NAME	· [		2.2 NAME	- 1				
STREET ADDRESS	\$		2.3 STREE	T ADDRESS				
CITY - ST - ZIP			2. 4 CITY	-ST-ZIP				T
TITLE	1	DELETE	31 TITLE			<b>□</b> (	Change	Addition
NAME			3.2 NAME					
STREET ADORESS	5			1 ADDRESS				
CITY-ST-ZIP		I DECETE	3.4. CITY				Change	Addition
TITLE		☐ DÉLETE	4.1 TITLE			Ц.	Mende	FT MODIDOU
NAME	J		4. 2 NAM	· i				
STREET ADDRESS	5 {		•	T ADDRESS				
CITY-ST-ZIF			4.4 CITY-	ST-ZIP				

64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.1 TITLE 52 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-SI-ZIF

CITY-S1-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

DELETE

DELETE

480 8537

Change

Change

Addition

Addition

**FILED** 

Apr 11 1997 8:00am

Secretary of State

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