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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

K98091

SIGNATURE: Deanna Williams
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(7)

JUDEANNA'S, INC.

| Principal Place of | f Business | Mailing Address | | | | it dimi minit minit | #1#11 ¥1#11 1 | 97811 WIBIT 1881 |
|---|---|--------------------------------------|---|--|---|---------------------|-----------------------------|--|
| 10360 72ND ST N #802 10360 72ND ST N LARGO FL 34647 LARGO FL 34647 | | | 1802 | | | | | |
| | | | | | Date incorporated or Qualified 07/01/1989 | 3a. Date o | f Last Re /18/199 | |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For |
| <u>ul.</u> | | 26 | | | 59-2962698 | | | lot Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional lequired |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | • | May Be to Fees |
| Ζφ | Country | Zip | Cou | intry | 8. This corporation has liability for | | under s | 199.032, |
| 24] | 25 | 29 | 30 | | | □ No | | |
| | g. Name and Address of Current | t Registered Agent | | nal Number | 10. Name and Address of New F | legistered Ag | gent | |
| | | | | 81 Name | | | | |
| | S, DEANNA | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptat | ole) | | |
| | 2ND AVENUE N | | | 83 | | | | |
| PINELLA: | S PARK FL 34666 | | | 53 | | | | |
| | | | | 84 City | | FL | 85 Zip | Code |
| 44 Draw out to | the provisions of Sections 607 0502 | and 607 1508. Florida Statu | utes the abo | ve named corno | oration submits this statement for the pu | roose of chan | oina Its re | eaistered office |
| or registered | d agent, or both, in the State of Floric i, and accept the obligations of, Secti | da. Such change was author | rized by the (| corporation's boa | ard of directors. I hereby accept the app | ointment as re | egistered | agent. I am |
| | | | | | | | | |
| SIGNATURE | a unclose, typed or milited name of reactured agent. | and title if applicable (I | NOTE: Registered | Agent signature require | ed when reinstating) | DATE | | |
| \$a | ily siture, typist or printed name of registered agent. OFFICERS AND | | NOTE. Registered | d Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| SIGNATURE SI | | | | | | ICERS AND D | DIRECTO | RS IN 12 |
| 12. | OFFICERS AND | DIRECTORS | 13. | TILE . | | ICERS AND D | | |
| 12. | OFFICERS AND PD | DIRECTORS | 13. 1.17 12 N | TILE . | | ICERS AND D | | |
| 12. 'HL: NAM. | OFFICERS AND PD FELSMAN, JUDY | DIRECTORS | 13. 1.17 12 N 13 S | TITLE AME | | ICERS AND E | Change | Addition |
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1/22/96 813/541-7228
Daytime Phone #