FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000051732 (4)

	ooration Name AUDREY MANAGEMENT, II	NC.	,						
Principal Place of Business Mailing Address 9230 LAGOON PLACE 9230 LAGOON PLACE #101 #101 FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33									
						3. Date Incorporated or Qualified 07/23/1993	3a. Date	of Last 	Report 1995
2. Princ 21	ipal Place of Business	2a. Mailing Addres	s			4. FEI Number 65-0424426	 ,		Applied For Not Applicable
	, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City 8	& State	City & State	Crty & State		6. Election Campaign Financing		\$5.0	DO May Be	
23 Zip	Country	├ ─┐					ability for intangible tax under s 199.032,		
24	[25]	29	30	ſ			₩ No		
	9, Name and Address of	Current Registered Agent		81	Name	10. Name and Address of New F	Registered A	gent	
JUDD, AUDREY I				82	Name Street Add	ss (P.O. Box Number is Not Acceptable)			
9230 LAGOON PLACE #101 FT. LAUDERDALE FL 33324			}	83			<u> </u>		
				84	City			85 Z	Žip Code
or re	egistered agent, or both, in the State iliar with, and accept the obligations of	of Florida. Such change was au	thorized by the c	ve-na corpo	amed corpor ration's boa	ration submits this statement for the purify of directors. It hereby accept the app	rpose of cha cintment as	nging its registere	registered office id agent. I am
SIGNATI	Signature, typed or printed name of registe	ered agent and little if applicable.	(NOTE: Registered	Agent	signature require	d when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
THILE	'-'	PDT DELETE		1. 1 TITLE] Change	Addition
NAME	JUDD AUDREY I.	F # 484	1.2 NAM						
STREET ADI	DRESS 9230 LAGOON PLAC		1.3 STREET A		ADDRESS				
CITY-ST-Z	FT. LAUDERDALE FL	33324	1.4 CI	1.4 CITY-ST-ZIP					
TILLE		☐ DELETE		2. 1 TITLE] Change	Addition
NAME			2.2 NA	IME					
STREET ADD	DRESS		2.3 ST	REET A	LDDRESS .				
CITY - \$1 - 2	(IP			1Y-S1	- ZIP				
TITLE		DELETI	3 1 TI	TLE] Change	Addition
NAME			3.2 NA	ME					
STREET ADI	DRESS		3.3. SI	TREET	ADDRESS				
CITY-S1-Z	'IP		3.4 CI		- ZIP				
TITLE		DELETI] Change	☐ Addition
NAME			4.2 NA						
STREET ADD	1		4.3 ST	REET A	DORESS				
CITY - ST - Z	IP .	Free pro-		TY-ST	- ZIP				
THTLE	İ	DELETI] Change	Addition
NAME			5.2 NA	ME					
STREET ADD	DRESS		5351	REET A	DDRESS				
CHTY-ST-Z	'IP	· · · · · · · · · · · · · · · · · · ·	5.4 C(1	TY-SI	-ZIP		····		
TITLE		☐ DELETI	6. 1 TI	TLE	1			1 Change	☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Audr

STREET ADDRESS

CITY-ST-ZIP

ALL DELLE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/35/96 Dat

954.434.6018 Deyline Phone # CR2F034 (12/9F