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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000035375 (2) **DOCUMENT #** 

JUDY BAYER & CO., INC.

## Feb 10 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	2	<del>, ,</del>		
422 E ATLANTIC AVE DELRAY BEACH FL 33483 US	1320 SW 28TH AVE. BOYNTON BEACH FL 33426			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Addr 26 Suite, Apt #.			05/09/1994  4. FEI Number	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country <b>25</b>	7ip 29	7ip Country 30		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent BAYER, JUDY 1320 SW 28TH AVE. BOYNTON BEACH FL 33426		81 Name 82 Street Ad 83 84 City	10. Name and Address of New Registered Agent  dress (P.O. Box Number is Not Acceptable)  Fig. 85 Zip Code		
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such char	nge was authorized	by the corpor	proporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	

SIGNATURE Signature, typed or printed hame of region cost a jord and blie it applicable. (NCITE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE BAVER, JUDY 1.2 NAME NAME 1320 SW 28 AVE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 on an attachment with an address.

SIGNATURE: