

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95-11-1 11 15

DOCUMENT # P94000091712 (7)

1. Corporation Name

JUD COMMUNICATIONS INC.

Principal Place of Business

**2600 NE 135TH STREET
APT 3-H
NORTH MIAMI FL 33181**

Mailing Address

**2600 NE 135TH STREET
APT 3-H
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/20/1994

4. FEI Number

65-0550221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81

Name

JUDITH WEBER

82

Street Address (P.O. Box Number is Not Acceptable)

2600 N.E. 135th St. #3-H

83

84

City

NORTH MIAMI

FL

85

Zip Code

33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Judith Weber

(DIRECTOR) JUDITH WEBER 5/31/95

Signature, typed or printed name of registered agent and the filer (applicant)

NOTE: Registered Agent signature required when registering.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WEBER, JUDITH

2600 NE 135TH ST APT 3-H

NORTH MIAMI FL 33181

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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 110.07(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.

SIGNATURE:

Judith Weber

JUDITH WEBER 5/31/95

Date

Signature Number

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091945 (3)

1. Corporation Name

INTERNATIONAL TRAINING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1285 CREEK ROAD
JACKSONVILLE FL 32259
Fruit Cove**

**1285 CREEK ROAD
JACKSONVILLE FL 32259**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

1st Report

4. FEI Number

59-3172126

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1285 Creek Bend Rd

26 P.O. Box 24653

Suite, Apt. #, etc

Suite, Apt. #, etc

22 -

27 -

City & State

City & State

23 Fruit Cove, FL

28 Jacksonville, FL

Zip

Zip

24 32259

Country

25 USA

29 32241-4653

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, GLEN A
1285 CREEK ROAD Creek Bend Rd
JACKSONVILLE FL 32259**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Glen A. Anderson **GLEN A. ANDERSON**

5/25/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ANDERSON, GLEN A**
STREET ADDRESS **1285 CREEK ROAD Creek Bend Rd**
CITY ST ZIP **JACKSONVILLE FL 32259**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **POWELL, RAIFORD G**
STREET ADDRESS **1644 SHIRL LANE**
CITY ST ZIP **JACKSONVILLE FL 32207**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ 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 110.07(3)(b), 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.

SIGNATURE:

Glen A. Anderson **GLEN A. ANDERSON**

5/25/95 **904-207-4441**
DATE (Signature Required)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR