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 # P9400091712 (7)

JUD COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



	vty RD 13 North Tine Fl 32092	10940 COUNTY RD 13 St. Augustine FL 33			3. Date Incorporated or Qualified	3a. Date		Report	
				12/20/1994 06/18/1996					
1 · · ·	al Place of Business	2a. Mailing Address	ng Address		4. FEI Number			pplied For	
21	and all all	26 Suite And # oto			65-0550221			lot Applicable	
Suite, Apt. #, etc. 2		27 Solle, Apr. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required			
Oty & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees				
7 p 24	· · · · · · · · · · · · · · · · · · ·				Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		rrent Hegistered Agent	81	Name	10. Name and Address of New He	gisterea Ag	ent		
	/eber, Judith		0''	FNOTIE					
	0340 COUNTY ROAD 13 NORTH	4	82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
S	T. AUGUSTINE FL 32092		83						
			<u></u>			- 	····		
			84	City		FL	85 Zip	Code	
agchi SIGNATUI	Sharafore, typed or profee trame of registere	d agent and title if applicable.	5, Florida Statute: (NOTE: Registered Age			DATE			
12.	OFFICERS	AND DIRECTORS	13.	···	ADDITIONS/CHANGES TO OFFIC				
141.6	D	☐ DELETE				L	Change	Addition	
NAME	WEBER, JUDITH	Ren I	1.2 NAME						
STREET ADDRESS	100 10 000 111 110 10 110	KIH	1.3 STREET						
COLY - S1 - ZIF	ST. AUGUSTINE FL 32092	DELETE	1.4 CITY - S 2.1 Title	or-zir		Т	Change	Addition	
NAME			2.2 NAME						
STEEL LACTURE	58		2.3 STREET	ADDRESS	. A				
OTY ST ZIP			2. 4 CITY -	ST-ZIP	<u> </u>				
FILE		☐ DELETE		-		L,	Change	Addition	
NAME			3.2 NAME						
STREET AFORE	SS		3.3 STREET	l					
Oly St 77 lift		DELETE	3.4. CITY - 1 4.1 TITLE	51 - 211			Change	[_ Addition	
NAME			4.2 NAME	1					
STREET ADDRESS	55.		4.3 STREET	ADDRESS					
CHTY - ST - ZIP			4.4 CITY-S	ST-ZIP					
THE		☐ DELETE	5.1 TITLE			Ţ	Change	Addition	
NAM:			5.2 NAME	1					
STREET ADDRE	in a contract of the contract		5.3 STREET	ADDRESS					
CIFY - S1 - 7IP				I					
		- I DELEVI	5.4 CITY-S	T-ZIP	en lauren la		7 65		
TI"LE		☐ D£LEĭŧ	6.1 TIFLE	5T - ZIP		C.	Change	Addition	
/···	40	DELET				C	Change	Addition	

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 in dicated 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 190k 12 or 9lock 73 the changed, or on an attachment with an address.

SIGNATURE:

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)-824-0833