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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091712 (7)

JUD COMMUNICATIONS INC.

Principal Place of Business 10340 COUNTY RD 13 NORTH ST. AUGUSTINE FL 32092

Mailing Address

10340 COUNTY RD 13 NORTH

FILED Feb 24 1998 8:00am Secretary of State



ST. AUGUSTINE FL 32092 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0550221 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WEBER, JUDITH 10340 COUNTY ROAD 13 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32092 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1 1 TITLE Addition WEBER, JUDITH NAME 1.2 NAME 10340 COUNTY RD 13 NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-ZIP 1.4 CITY-\$T-ZIP OFLETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY-S1-ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filting 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) tetringed, or on an attachment with an address.

SIGNATURE:

WEBER 2/18/98 (904)824-4471

6.3 STREET ADDRESS 6.4 City-St-7iP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2F2F034