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

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90035 008 ***150.00

DOCUMENT # P95000078046

1. Corporation Name
JUDAH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~5308 ROYAL PALM AVENUE~~ ~~SARASOTA FL 34234~~ 24181 Harbor View Road	~~P.O. BOX 49311~~ ~~SARASOTA FL 34230~~ Same!

DO NOT WRITE IN THIS SPACE

1 Principal Place of Business: 141 Bedford Drive	2a. Mailing Address: PO Box 4043	3. Date Incorporated or Qualified: 10/09/1995
2 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 65-0657723 ☐ Applied For ☐ Not Applicable
3 City & State: Port Charlotte, FL	28 City & State: Port Charlotte, FL.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
4 Zip: ~~33952~~ 33980 25 Country: USA	29 Zip: 33949 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WYNN, CHERYL G
~~5308 ROYAL PALM AVENUE~~ 24181 Harbor View Rd.
~~SARASOTA FL 34234~~ Port Charlotte, FL.
33980

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO WYNN, CHERYL G ~~5308 ROYAL PALM AVENUE~~ ~~SARASOTA FL~~ ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	24181 Harbor View Rd. ~~141 Bedford Drive~~ Port Charlotte, FL 33952 33980 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLS, CECELIA ~~THE INLETS #133~~ ~~NOKOMIS FL~~ ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3740 Tangier Terrace Sarasota, FL 34239 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE Cheryl G. Wynn CHERYL G. WYNN 3-30-00 941-766-8126 Phone