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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000080024 (9) **DOCUMENT #**

i. Corporation	Halino			1				
JUD ROSE ENTERPRISES CORP.							E) 88 111 88 14	
Principal Place of Business Mailing Address								
3300 N. PORT ROYALE DRIVE #320 FT. LAUDERDALE FL 33308		3300 N. PORT ROYALE DRIVE #320 FT. LAUDERDALE FL 33308						
				10/	10/18/1995		e of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address	- 0000-0	4. FEI NO			}∔ -	Applied For
21 5500	N. PORT KOYALE DR.	26 3300 N. POR	KOYALE DI	L. 60	-0619343			Not Applicable
Suite, Apt. # 43	<u> </u>	Suite, Apt. #, etc. 27 # 431			cate of Status Desired		Fee	Additional Required
City & State	AUDERDALE FL		RDALE, FL	1	n Campaign Financing Fund Contribution			0 May Be d to Fees
Zip 24 3330	in antima man and an artist of the comment of the contract of	⁷⁰ 33308	Country VSA	Florida	orporation has liability for Statutes	XNo		199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name	and Address of New I	legistered .	Agent	
No.				Kose,]	UP			
3300 N. PORT ROYALE DRIVE				ddress (P.O. Box	Number is Not Acceptal	Da.		
#320			83 -44 1	121		 • . ·		
	DERDALE FL 33308		84 City _	121			85 Z	n Code
			F1	LAUDE	ROALE	FL	<u> 1° 3°</u>	3308
or register	to the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	. Such change was authorize	es, the above-named cor ed by the corporation's b	poration submits loard of directors	this statement for the pu . I hereby accept the app	rpose of cha ointment as	inging its r registered	egistered office Lagent, Lam
SIGNATURE	Signature, typoid or printed name of registered agent as	oracio di Arbanasanti il India	It: Registered Agent signature rec	nicon rabon soins tation		DATE		
12.	OFFICERS AND		13.		IONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE		☐ DELE1E	1, 1 TITLE		er enne province en		Change	Addition
NAME			1.2 NAME	JUD RE	OSE • P PORT ROYALE			
STREET ADDRESS			1.3 STREET ADDRESS	3300 N.	PORT ROYALE	OK. T	431	u. r.
CITY-ST-ZIP		Fig. p.c. pay	1.4 CITY - ST - ZIP	Ft. LA	DERDALE, FID	NUDA .	<u> 3</u> 33	
TITLE		DELETE	2. 1 THLE		,	L	Change	Addition
NAME DEDCES ADDRESS			2.2 NAME					
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - ST- ZIP					
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NAME			3.2 NAME			_	_	
STREE1 ADDRESS			3.3. STREET ADDRESS					
CITY-ST-ZIP			3.4 CiTY+ST+ZiP					
TITLE		DELETE	4 1 TITLE				Change	☐ Addition
NAME			4 2 NAME					
STREET ADDRESS			4 3 STREET ADDRESS					
CITY - ST- ZIP		☐ hei ere	4 4 CITY-ST-ZIP				T Change	□ Addition
TITLE NAME		DELETE	5 ! TITLE 52 NAME			L	Change	Addition
STREET ADORESS			5.3 STREET ADDRESS					
CITY-ST-ZIP	1		5.4 CHY- ST- ZIP					
TITLE		DECETE	6 1 TITLE		V PTWO - 172-177 - PT. 186 - 1 - 1 PTWA 18 1874 - 874 E 17 E 1745 AND 1 SEE		Change	Addition
NAME			6.2 NAME					_
STREET ADDRESS			6.3 STREET ADDRESS					

64 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

OLL JUDE ROSC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(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 chapted, or on an attachment with an address.