Applied For

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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

DOCUMENT # P95000080024

JUD ROSE ENTERPRISES CORP.

Principal Place of Business	Mailing Address
7102 NW 72ND STREET	7102 NW 72ND STREET
TAMARAC FL 33321	TAMARAC FL 33321
US	US

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90099 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/18/1995

4. FEI Number

21		26		65-0619343	Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired -	\$8.75 Ad			
22		27		S. Columbia di Status Dounda	Fee Req	·		
City & State	÷	City & State		6. Election Campaign Financing	\$5.00 N			
23		28		Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year in		ZHV6		
24	25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered		<u> </u>		
	9. Name and Address of Curren	t Registered Agent	81 Name	1 7	1 Agont			
POS	E, JUD			Jud Kose				
	N PORT ROYALE DR			dress (P.O. Box Number is Not Acceptable)				
#431			83	<u> </u>				
FT LAUDERDALE FL 33308								
	, loge, lb, lee 1 E 33333		84 City 7	amarac FI	L 85 3 3	<u>ଅ</u> ግ ነ		
11 Pursuant	to the provisions of Sections 603 050	2 and 607 1508 Florida Statutes	the above-named co		of changing its r	egistered		
11. Pursuant to the provisions of Sections 667,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, problem, prob								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	gistered Agent signature requ	ired when reinstating) DATE	' 			
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P _ 0	Change	☐ Addition		
NAME	ROSE, JUD		1.2 NAME	lose with				
STREET ADDRESS	7421 NW 12TH ST		1.3 STREET ADDRESS	7102 NW 725t.				
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	lose Jud 7102 NW 725t. Tamaras, FL. 33321				
TITLE		☐ DELETE	2.1 TITLE	• •	☐ Change	☐ Addition		
NAME	•		2.2 NAME			Ì		
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS		•	3.3 STREET ADDRESS					
CITY-ST-ZIP	•		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4.2 NAME			1		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME			ļ		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST- ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			{		
STREET ADDRESS			6.3 STREET ADDRESS			}		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	440.07(0)(1)				
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertity that the in	rormation		

Inhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 for on invattation and does, with all other like empowered.

SIGNATURE:

NO TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (954)720-9466

CR2E034 (11/98