

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

**FILED**

**May 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000094004 (5)**

1. Corporation Name  
**DOM AND JUDY, INCORPORATED**



Principal Place of Business

**18125 HWY 41 N  
SUITE 105  
LUTZ FL 33549**

Mailing Address

**18125 HWY 41 N  
SUITE 105  
LUTZ FL 33549-4498**

3. Date Incorporated or Qualified  
**12/08/1995**

3a. Date of Last Report  
**08/14/1996**

2. Principal Place of Business

21 **18125 HWY 41 N.**

2a. Mailing Address

26 **18125 HWY 41 N.**

4. FEI Number  
**59-3351568**

Applied For  
Not Applicable

22 **SUITE 101**

27 **SUITE 101**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **LUTZ, FL**

28 **LUTZ, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33549**

25 **HILLS.**

29 **33549**

30 **HILLS.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**FRACASSO, DOMINICK  
2217 GROVELAND DR  
LUTZ FL 33549**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P FRACASSO, JUDITH</b>
STREET ADDRESS	<b>2217 GROVELAND DR</b>
CITY - ST - ZIP	<b>LUTZ FL 33549</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP FRACASSO, DOMINIC</b>
STREET ADDRESS	<b>2217 GROVELAND DR</b>
CITY - ST - ZIP	<b>LUTZ FL 33549</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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.

**SIGNATURE: Dominick Fracasso V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/97 813-999-2719**  
Date Daytime Phone #

CR2E034 (9/96)