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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCO 4 ETCE

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90036 028 ***150.00

1. Corporation Name								
•	JUDD, P.A.							
VESSIS L	JODD, F.A.				() 0 0 () 0 0 () () ()	n anne Auser Agent auth Eil	EN 11861 91161 1889	914 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
				Ì				
Principal Place of	of Business	Mailing Address	····				EI 11881 BINI 18618	E 8 01 10
250 BOYAL PALM		-250-ROYAL-PALM-WAY						
SUITE-300	-WAT-	-SUITE-300						
PALM-BEACH FL-	33840	PALM BEACH FL 33840				NOT WRITE IN TH	IS SPACE	
				-	ate Incorporated	or Qualifed		Į
			-		2/16/1996			plied For
2. Principal Plac		2a. Mailing Address 26 /タ98 ゴンハの	Tolonalla		El Number			t Applicable -
21 189 8 Suite, Apt. #,		26 1998 JUNO Suite, Apt. #, etc.	ASIES DIVO	_	5-0644155		\$8.75	
22 NP £	S FL 33	27 NPB	FC	5. C	ertifcate of Status	Desired	Fee Re	
City & State		City & State		6. E	lection Campaign	Financing	\$5.00	May Be
23 734	108 115A	28 33406	USA	T	rust Fund Contrib	ution	Added 1	o Fees
Zip	Country	Zip	Country	8. T	his corporation ov	ves the current year		_
24	25		30		ersonal Property		[2]Yes	□No
	9. Name and Address of Current F	legistered Agent	- 04 11	10. N	ame and Addres	s of New Registere	d Agent	
81 Name								
JUDD, KENNI F				Address (P.O	. Box Number is	Not Acceptable)	01	_/
-250 ROYAL PALM WAY				99	Juno	75(09	-6/v	Y
SUITE	83	DR						
PALM:	84 Cify	, ,			. 85 Zip	Code		
						· F	L 33	3408
11. Pursuant to	the provisions of Sections 607.0502 a istered agent, or both, in the State of	ind 607.1508, Florida Statute Florida, Such change was a	es, the above-named athorized by the corp	corporation s oration's boar	ubmits this stater d of directors. I h	nent for the purpose ereby accept the ap	of changing its pointment as re	registered gistered
agent. I am	familiar with, and accept the obligation	ns of, Section 607.0505, Flor	ida Statutes.					·
SIGNATURE						ÓATE		
	gnature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature			SES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE I		DELETE	1.1 TITLE	Γ	DITIONS/CIPAN	SEO TO OTT TOLETO	☐ Change	Addition
	p Juddi, Kenni F		1.2 NAME		·	1 6	I = I	
	2 <mark>50 ROYAL PALM-WAY SUITE</mark> 30	M	1.3 STREET ADDRESS	1895	s Juno	Isles	71001	Ì
_	PALM BEACH FL 33840	,	1.4 CITY-ST-ZIP	NPE	3 FL	334	60%	
CITY-ST-ZIP 1	ACHI DENOTI I E SOOTO	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	1				
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP	-			- .	
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS)				1
CITY-ST-ZIP			3.4. C/TY-ST-ZIP	'				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					}
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
i		□ DELETE						
NAME		☐ BELETE	5.2 NAME			•		
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		□ DETEIE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			` 	<u> </u>	
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STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE				☐ 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:

Daytime Phone #