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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050744 (6)

JUDICIAL SYSTEMS, INC.

Principal Place of Business	Mailing Address			OLKAN BOOKE ACOM BIGHT ONDE 1809
,	· ·		1	
5757 COLLINS AVENUE SUITE 805	5757 COLLINS AVENUE SUITE 805		}	
MIAMI BEACH FL 33140	MIAMI BEACH FL 33140		DO NOT WRITE IN TH	IS SPACE
राजसात क्षामा भारत क्षामा महत्त्वी	mount period it built		3. Date Incorporated or Qualified	
			06/09/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
n	26		77-0460193	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
13	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
4 25		30	Personal Property Tax due June 30.	y Yes ☐ No
	f Current Registered Agent		10. Name and Address of New Registere	ed Agent
rudnitsky, steven mr		81 Name		
5757 COLLINS AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUITE 805		L		
MIAMI BEACH FL 33140		83		
		84 City		. 85 Zip Code
		O4 Cily	F	85 Zip Code
Signature, typed or printed name of rec 12. OFFIC	gistored againt and little if applicable (NOTE ERS AND DIRECTORS	Registered Agent signature r	equired when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
Treardent	<del>_</del>	1.2 NAME		
Beeven Rudhiesky			3 STREET ADDRESS	
TOTAL TOTAL COLLINS AVENUE, SUITE AUS		1.4 City-St-ZiP		
TITLE MISM1 Beach	THE THE PERSON TO LINE THE PERSON OF THE PER			Change Additio
vice President		22 NAME		
Robert Rudnitsk	Robert Rudnitsky			
COLUMN D/5/ Collins Av	enue, Suite 805	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE Miami Beach Florida 33140 DELETE		3.1 TITLE		Change Additio
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		
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		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DFLETE	611IILF		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
A-71. 65 -70		1 01000 07 700		

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an exactiment with any officers.