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

- PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085512

1. Corporation Name

JUDGMENT RESOLUTION CORP.

Principal	Place	of	Business

Mailing Address

13577 FEATHER SOUND DR., STE. 300 CLEARWATER FL 33762

13577 FEATHER SOUND DR., STE. 300 **CLEARWATER FL 33762**

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

06-01-1999 90051 015 ***150.00



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						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1997					
											1
2. Principal Pl	lace of Business	usiness 2a. Mailing Address							pplied For		
21		26				59-34	80439		N	lot Applicable	
Suite, Apt.	#. etc.		Apt. #, etc.						\$8.75	Additional	
22		27	L ' ' '			5Certifc	ate of Status Desire	d	Fee F	Rèquired	
City & State	Δ	City &	State			6 Flection	n Campaign Financ	ina	\$5.00	May Be	
	•	28				I	und Contribution	a 🗆	·	to Fees	
23 Zip	Country	Zip						current year Into			
— ·	_ ′	├ ┈┑ `				l l	8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
24	25	[29]		<u>'</u>			and Address of No	w Registered			
	9. Name and Address of Cur	rent Registered A	gent	81	Name	IV. IVAIIIO	and Address of the	, w reagners.	190111		
FOR	LIZZO, ROBERT A				Manie						
	7 FEATHER SOUND DR., STE	200		82	Street	Address (P.O. Box	Number is Not Acc	eptable)			
		:. 300					,, ,				
CLEA	ARWATER FL 33762			83							
				84	City				85 Zip	Code	
				04	City			FL	83 20	Code	
office or re agent. I a	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such	change was auth	ionzea by	the corpo	oration's board of o	firectors. I hereby a	ccept the appoir	ntment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	. (NOTE: Re	gistered Ager	nt signature n	equired when reinstating)		DATE	-		
12.	OFFICERS	AND DIRECTORS	_	13.			ONS/CHANGES TO	OFFICERS AN			
TITLE	DPST		DELETE	1.1 TITLE		DIST			Change	Addition	
NAME	MCPEAK, FRANCIS J			1.2 NAME		BOGART	Rowar	N.T.			
	2834 SANDPIPER PL				TADDRESS	23 LONG	VALLEY R	20			
STREET ADDRESS	CLEARWATER FL 33762					AUROLA	ONTARIO	CALLAN	1 14	t6 6K8	
CITY-ST-ZIP	CLEARWATER FL 33/02		☐ DELETE	. 1.4 CITY-S 2.1 TITLE	1-212	17045014	Ort.III.	CATIONO	Change		
TITLE									L., 011		
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	TADDRESS						
CITY-ST-ZIP				2. 4 CITY-5	T-ZIP						
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRESS						
CITY-ST-ZIP				3.4. CITY- 5	ST-ZIP						
TITLE			DELETE	4.1 TITLE					☐ Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS					T ADDRESS						
				4.3 3 INCL							
CITY-ST-ZIP			DELETE	5.1 TITLE	1-211				☐ Change	Addition	
TITLE			ا محدداد	5.2 NAME							
NAME					TADDRESS						
STREET ADDRESS											
CITY-ST-ZIP			. <u></u>	5.4 CITY-S	T-ZIP					FD 4-1297	
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	TADDRESS						
				RACITY S	T 710						

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 receive 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 changes up on a state-timent with an address, with all other like empowered.

SIGNATURE: