## FILE 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 # P98000057868

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90009 017 \*\*\*150.00

1. Corporation	OPHER JUDE, INC.						
Principal Place	e of Business	Mailing Address				( 123((54) 1/4 (54) / 54) / 54)	
1231-A N. ORANGE AVENUE 1231-A N. ORANGE AVENUE ORLANDO FL 32804 ORLANDO FL 32804				,		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						06/29/1998	
Principal Place of Business     2a. Mailing Address						$\perp$ $\sim$	olied For
26							Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '', '			5. Certifcate of Status Desired   \$8.75 A Fee Rec	1
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution Added to	-
23		Zip Country					rees
Zip	Country			unuy		8. This corporation owes the current year intangible	⊠No
24	25]	29	30	1		Personal Property Tax. Li Yes  10. Name and Address of New Registered Agent	24.110
	9. Name and Address of Curre	ant Registered Agent		81	Name	To, Hame dray law and the second	
JUDE, CHRISTOPHER J				82	Street Add	ress (P.O. Box Number is Not Acceptable)	-
	5 WELLSMERE CIRCLE ANDO FL 32835				•		
OND	ANDO I E DECOD			83	***		
				84	City	FL 85 Zip C	ode
agent. I a SIGNATURE	m familiar with, and accept the oblig				ruper erufangia	ed when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	DELETE		1.1 T	1.1 TITLE F		President Fude Christopher Jude 1231 N. Orunge Auc Octorda FL 32804	Addition
NAME				IAME	4	christopher - a	
STREET ADDRESS					ADDRESS	1231 N. Orange Ave	
CITY-ST-ZIP	·			ITY-ST-	·ZIP	Oc 14-de FC 57809	Addition
TITLE				TTLE IAME		J. S. Islands	
NAME				-	AUUBESS		
STREET ADDRESS	ESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		<del>-</del>	
CITY-ST-ZIP TITLE				TILE		☐ Change	Addition
NAME			3.2 N	IAME			
STREET ADORESS	Į.		3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4. 0	CITY-ST	r-ZIP		
TITLE		☐ DELETE	4.1 T	TILE		Change	Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	STREET	ADDRESS		
CITY-ST-ZIP		□ 65:		TY-ST	-ZIP	Change	Addition
TITLE		☐ DELETE	5.1 T	itle Vame	1	C. Creatige	
NAME					ADDRESS		
STREET ADDRESS				XTY-ST	1		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T			Change	Addition
NAME		_ ==/2	6.2 N	AME			
STREET ADDRESS			6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	,	1	6.4 0	CITY-ST	-ZIP		

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 employered 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99

407-896-1399

Daytime Phone #