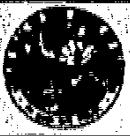


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 18 PM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V03480**

(3)

1. Corporation Name

**STEWART-JUDA, INC.**

Principal Place of Business

100 S. AIA  
205 B  
JENSEN BEACH FL 34957  
US

Mailing Address

P.O. BOX 910  
JENSEN BEACH FL 34950  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/27/1991** 3a. Date of Last Report **03/02/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

Country

30

4. FEI Number **65-0306603**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$0.75** Additional Fee Required

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

7. This corporation has liability for intangible tax under G. 169.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

JUDA, ROLLA JOSEPH JR.  
2375 N.E. OCEAN BLVD.  
#3030  
STUART FL 34996

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 reconstituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDA, ROLLA J	12 NAME	
STREET ADDRESS	2375 N.E. OCEAN BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART-JUDA, JEANNE	22 NAME	
STREET ADDRESS	2375 N.E. OCEAN BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, KRISTINE	32 NAME	
STREET ADDRESS	530 KILPATRICK AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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:** *J. Stewart-Juda, Jeanne Stewart-Juda* **4-13-95** **(407)229-1395**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #

044684 PP