

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V11739

(2)

1. Corporation Name:

JUDITH MILLER A.S.I.D., INC.

Principal Place of Business

16507 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address

16507 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

21

State: Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State: Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOON, SCOTT
C/O HUGHES HUBBARD & REED
801 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

3. Date Incorporated or Qualified

01/23/1992

3a. Date of Last Report

04/17/1995

4. FCI Number

65-0314661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 607.06(2) 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. Said 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 607.06, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Judy Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/96

3059449581

CR2E034 (12/95)