

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90097 003 \*\*\*150.00

DOCUMENT # V11739

1. Corporation Name  
JUDY MILLER, INC.

Principal Place of Business

11524 ST RD 84  
DAVIE FL 33325  
US

Mailing Address

11524 ST RD 84  
DAVIE FL 33325  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/23/1992

4. FEI 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 owes the current year intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name JUDY MILLER  
82 Street Address (P.O. Box Number is Not Acceptable)  
2667 Edgewater Dr.  
83  
84 City WESTON FL 85 Zip Code 33332

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

Judy Miller President May 5, 1999

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MILLER, JUDITH	
STREET ADDRESS	16507 N.E. 6TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	D	Change	Addition
13.2 NAME	JUDY MILLER		
13.3 STREET ADDRESS	P.O. BOX 40211		
13.4 CITY-ST-ZIP	WESTON FLA. 33326		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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 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, with all other like empowered.

SIGNATURE:

Judy Miller REQUIRE

Date

Daytime Phone #

(954) 349-9669

CR2E034 (1/198)