2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 490721

1. Entity Name

BECKER & POLIAKOFF, P.A.

FILED Jan 28, 2004 08:00 AM Secretary of State

Principal Place of Business

3111 STIRLING RD. FORT LAUDERDALE, FL 33312 Mailing Address

3111 STIRLING RD. FORT LAUDERDALE, FL 33312



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1640708

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

		·			F66 Required				
	6. Name and Address of Current Regis	tered Agent							
LESSER, STEVEN B. 3111 STIRLING RD. FT LAUDERDALE, FL 33312			DO NOT WRITE IN THIS SPACE						
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
	ions of registered agent.			• • • • • • • • • • • • • • • • • • • •					
SIGNATURE									
Oldstrii Oniza	Signature, types or printed name of registered agent and file	f applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE				
FIL After M	Election Campaign Financ Trust Fund Contribution.	oling 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS							
TITLE	PTD				2 June 199 and the control of the co				
NAME	POLIAKOFF, GARY, A				U00000018297 01/28/04-80129-010 150.00				
STREET ADDRESS	3111 STIRLING RD.				111728704-80129-010 150.00				
GITY-ST-ZIP	FT LAUDERDALE, FL								
TITLE	VD								
NAME	BECKER, ALAN S.								
STREET ADDRESS CITY-ST-ZIP	3111 STIRLING RD. FT LAUDERDALE, FL								
	SD SD								
TITLE NAME	LESSER, STEVEN B								
STREET ADDRESS	3111 STIRLING ROAD								
CATY-ST-ZIP	FORT LAUDERDALE, FL 33312			DO NOT WRITE					
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NAME				IIV.	THIS SPACE				
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CITY-ST-ZIP									
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TITLE		•			· •				
NAME									
STREET ADDRESS CITY-ST-ZIP									
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12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(1). Florida Statutes. I further certify that the Information indicated on this report or supplemental 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if d.) of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 Date