2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90041 004 ***150.00

DOCUMENT # H40908

1. Entity Name
LOEWENSTEIN, INC.

Principal Place of Business	Mailing Address
1801 NORTH ANDREWS EXTENSION POMPANO BCH., FL 33069	1801 NORTH ANDREWS AVE POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2504882
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERSHMAN, DAVID
C/O TRIVEST PARTNERS, L.P.
2665 SOUTH BAYSHORE DR SUITE 800
MIAMI, FL 33133

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8. The above named entity 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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TORTORICI, VINCENT A.
STREET ADDRESS	160 VILLAGE ST
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	DCEO
NAME	ALBERTSON, BRUCE R
STREET ADDRESS	1801 NORTH ANDREWS AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	COB
NAME	POWELL, EARL W
STREET ADDRESS	2665 S BAYSHORE DR STE 800
CITY-ST-ZIP	MIAMI, FL 331335462
TITLE	S
NAME	KUFFNER, MARILYN
STREET ADDRESS	2665 S BAYSHORE DR STE 800
CITY-ST-ZIP	MIAMI, FL 331335462
TITLE	D
NAME	KOEHN, ROBERT W
STREET ADDRESS	2665 S BAYSHORE DR STE 800
CITY-ST-ZIP	MIAMI, FL 331335462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent A. Tortorici 2/6/04 954-960-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #