


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H41316
 1. Entity Name
 STEWART TILGHMAN FOX & BIANCHI, P.A.



Principal Place of Business 1 SE 3RD AVE STE 3000 MIAMI, FL 33131 US	Mailing Address 1 SE 3RD AVE STE 3000 MIAMI, FL 33131 US
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2493895 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEWART, LARRY S.
 1 SE 3RD AVE
 STE 3000
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P
NAME	STEWART, LARRY
STREET ADDRESS	1 SE 3RD AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	TILGHMAN, JAMES
STREET ADDRESS	1 SE 3RD AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	FOX, GARY D.
STREET ADDRESS	1 SE 3RD AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	BIANCHI, DAVID W.
STREET ADDRESS	1 SE 3RD AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 01/15/04-80027-008 150.00

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, or that I am otherwise empowered.

SIGNATURE:  1/12/04 3053586644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #