

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H89923 1. Entity Name GLICKMAN, WITTERS & MARELL, P.A.	
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Principal Place of Business % GARRY M. GLICKMAN THE CENTURION-1601 FORUM PL. STE. 1101 WEST PALM BEACH, FL 33401	Mailing Address % GARRY M. GLICKMAN THE CENTURION-1601 FORUM PL. STE. 1101 WEST PALM BEACH, FL 33401
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01192004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2609182	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLICKMAN, GARRY M. THE CENTURION-1601 FORUM PL. STE. 1101 WEST PALM BEACH, FL 33401
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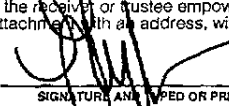
DO NOT WRITE IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GLICKMAN, GARRY M. 1601 FORUM PLACE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WITTERS, CURTIS L. 1601 FORUM PLACE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARELL, WILLIAM J. 1601 FORUM PLACE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000012158 01/23/04-80067-015 150.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/20/04 Daytime Phone #: 561-478-1111