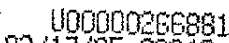


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H89923 1. Entity Name GLICKMAN, WITTERS & MARELL, P.A.			
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	
DO NOT WRITE IN THIS SPACE			
		03112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2609182	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLICKMAN, GARRY M. THE CENTURION-1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401		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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 03/17/05-80048-012 150.00 DO NOT WRITE IN THIS SPACE	
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		3-15-05 561478111 Date Daytime Phone #	