2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90034 035 ***150.00

| 1. Entity Name | MENT # M79849 M OF FLORIDA, INC. | | | | 03-26-2004 90034 035 ***150.00 | | | .00 |
|---|---|--|---------------------------------------|--|--|---|--|---|
| | N BLVD CH, FL 33444 US | Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03 | 3801 US | | | | | |
| • | lace of Business Autoritic Rul #, etc. | 3. Mailing Address 1000 Checker Suite, Apt. #, etc. | + Shoet | | - - |) | EI) | |
| City & State | 202 | Sci 1e 300 City & State | | 01212004 4. FEI Numb | | CR2E034 | Арр | lied For |
| Zip | → Country | Zip | Country | 65-014 5. Certificate | 5707 of Status Desired | | Not . 8.75 Additi e Required | Applicable ional |
| 3348 | 6. Name and Address of Current | t Registered Agent | Name | 7. Name and | Address of New | | | |
| CRITCHFIELD, RICHARD H. 1745 N CONGRESS AVE BOYNTON BEACH, FL 33426 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code | |
| | named entity submits this statement for ions of registered agent, | or the purpose of changing it | is registered office or r | registered agent, or bo | th, in the State of I | Florida. I am fam | illiar with, ar | nd accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent | t and title if applicable. (NO | TE: Registered Agent signature | e required when reinstating) | | DATE | | <u> </u> |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550. | 9. Election Camp. Trust Fund Cor | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND | · · · · · · · · · · · · · · · · · · · | 11. | ADDITIONS | /CHANGES TO OF | | | |
| TITLE NAME | P WALSH, MARK | ☐ Delete | TITLE NAME | | | _ | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1100 LINTON BLVD STE C9 DELRAY BEACH, FL | | STREET ADDRESS \ | Dekay Bec | | 53483 | | |
| TITLE NAME | V WALSH, MICHAEL | ☐ Delete | TITLE | 1001 C. 04100 | | 5 | 配Change えらみ | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1100 LINTON BLVD STE C9 DELRAY BEACH, FL | | CITY-ST-ZIP | Daton Bea | ch, FL3 | <u> 2946</u> | | |
| TITLE NAME STREET ADDRESS | S CRITCHFIELD, RICHARD H. 1100 LINTON BLVD STE C4 | ☐ Delete | TITLE NAME STREET ADDRESS | 1001 & QH0 | ntic Que | • | Change | Addition . |
| CITY-ST-ZIP | DELRAY BEACH, FL | | CITY-ST-ZIP | Dekroy Bec | | <u> 53487</u> | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | J | | L | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition |
| TITLE | | ☐ Delete | TITLE NAME | | | | _ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied wit on this report or supplemental report reporation or the receiver of trustee ern t, or on an attachment with an address | th this filing does not qualify is true and accypate and that powered to expecte the repay, with all other like exposure | CITY-ST-ZIP | \ \d/ |)(i), Florida Statute cylas if made undi les; and that my na | es. I further certify er oath; that I am ame appears in E | that the int an officer of Block 10 or | formation or director Block 11 if |