

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90063 029 ****61.25

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03252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2840356

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIREKTOR, KENNETH S ESQ.
% BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE., SOUTH, 9TH FL
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MALIKIN, MARION	
STREET ADDRESS	8153 SPRINGREE ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	RILL, JOYCE	
STREET ADDRESS	8131 SOMMERBREEZE LA.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEGETTE, GLORIA	
STREET ADDRESS	8091 SONGBIRD TERR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAPPUCCI, ED	
STREET ADDRESS	8120 SOMMERBREEZE LA.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	LIPKIN, LUCILLE	
STREET ADDRESS	8171 SWEETBRIAR WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIEGEN, WALTER	
STREET ADDRESS	8026 SPRINGSIDE CT.	
CITY-ST-ZIP	BOCA RATON, FL 33496	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH DELLA RATTA	
STREET ADDRESS	8128 SOMMERBREEZE LA.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED ADAMS	
STREET ADDRESS	8078 SPRINGSIDE CT.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 617, 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:

Marion Malikin President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04 561-451-2871

Date Daytime Phone