2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State 03-01-2004 90027 023 ****61.25

1. Entity Nan	MENT # N97000003 ogram, inc.	3266				03-01-20	04 90027 (023 ****6	1.25
499 E PALMETTO PARK ROAD 499		Mailing Address 499 E PALMETTO PAR BOCA RATON, FL 334	E PALMETTO PARK ROAD					วัสิกาิว	U4 8
Principal Place of Business		3. Mailing Address	illing Address] 188 38 j 3			
Suite, Apt. #, etc. So		Suite, Apt. #, etc.	uite, Apt. #, etc.		01142004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State	City & State		4. FEI Number 65-0765	570		———	plied For at Applicable
Zip	Country	Zip	Cou	untry	5. Certificate o	f Status Desire	ed [].	\$8.75 Add	
	6. Name and Address of Current i	Registered Agent			.7Name and A	Address of Ne	w Registered	Agent	/ <u>/</u>
SCHECHT	TER ELLEN			Name					ļ
SCHECHTER, ELLEN 1900 NW.CORPORATE BLVD, SUITE 400 EAST BOCA RATON, FL 33431				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e .
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registere	ed office or register	red agent, or both	, in the State o	f Florida. ↓am	familiar with,	and accept
									1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		. DATE	 	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent a			d Agent signature required			3 TEV 200 200 3 F3		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cal	mpaign F	inancing _	\$5.00 May Be Added to Fees		Make chec Florida Depa	k payable to	
SIGNATURE	Filing Fee is \$61.25	9. Election Cal Trust Fund	mpaign F	rinancing ion.	\$5.00 May Be	\$ 35.35 h	Make chec Florida Depa	rtment of Si	ate
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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 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: Rish	ophe L Koot	Christopher	L. Roos	+ 1/1:	5/04	561-392-	792
SIGNATURE A	Date		Daytime Phone #				