
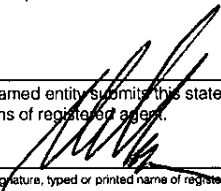
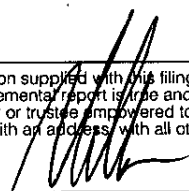


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90010 021 ***150.00

DOCUMENT # P01000093594			
1. Entity Name SEIDMAN, PREWITT & DIBELLO, P.A.			
Principal Place of Business 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487		Mailing Address 5900 BROKEN SOUND PKWY. NORTH, STE 101 SUITE 410 BOCA RATON, FL 33487	
2. Principal Place of Business <i>5900 Broken Sound Pkwy, NW</i>		3. Mailing Address <i>5900 Broken Sound Pkwy, NW</i>	
Suite, Apt. #, etc. <i>3rd Floor</i>		Suite, Apt. #, etc. <i>3rd Floor</i>	
City & State <i>Boca Raton, FL</i>		City & State <i>BOCA RATON, FL</i>	
Zip # <i>33487</i>	Country	Zip <i>33487</i>	Country
4. FEI Number <i>65-1139035</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDMAN, NEIL 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name <i>SEIDMAN, NEIL</i> Street Address (P.O. Box Number is Not Acceptable) <i>5900 Broken Sound Pkwy, NW</i> <i>3rd Floor</i> City <i>Boca Raton</i> FL Zip Code <i>33487</i>	
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: 		NEIL SEIDMAN <i>1-12-04</i>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDMAN, NEIL 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDMAN, NEIL 5900 Broken Sound Pkwy, NW, 3rd Floor BOCA Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PREWITT, J. COLEMAN 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PREWITT, J. Coleman 5900 Broken Sound Pkwy, NW, 3rd Floor BOCA Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBELLO, DARIN 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DiBello, Darin 5900 Broken Sound Pkwy, NW, 3rd Floor BOCA Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIBELLO, DARIN 5900 BROKEN SOUND PKWY. NORTH, STE 101 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DiBello, Darin 5900 Broken Sound Pkwy, NW, 3rd Floor BOCA Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<i>1-12-04</i> <i>561-226-9317</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	