2004 FOR PROFIT CORPORATIONANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

	AMMOAL I	LION		مرساني في		• · · · · · ·	COL V
1. Entity Name	MENT # P0200006377 LAUFER, P.A.	9			\$	Secretary	y oi Stat
Principal Place		ailing Address					
1451 W. CYPRESS CREEK RD., SUITE 300 1451 W. CYPRESS CREEK RD., SUITE 300 FORT LAUDERDALE, FL 33309							
		<u></u>					
				04000004	No Chg-P	ODDEDD4 (40)	\a\ \a\
D	O NOT WRITE II	?F	01082004	NO CHY-P	CR2E034 (10/0		
	•		4. FEI Number 01_0709	58 <u>7</u>		Applied For Not Applicable	
				5. Certificate of	f Status Desired	☐ \$8.75 Fee Regi	Additional
	6. Name and Address of Current Regis	itered Agent	ا - مام بوستونیده به همههههمود و 		<u> </u>	(as ned	
LAUFER, ALLAN E 12221 GLENMORE DR. CORAL SPRINGS, FL 33071			DO NOT WRITE IN THIS SPACE				
8. The above the obligate	named entity submits this statement for the pons of registered agent.	ourpose of changing its registers	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	- :: 1 Agent signature required	I when reinstating)	<u> </u>	DATE	**** * *******
	<u> </u>				10000		<u>. , ಕೆ, ಮ</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			· _	.00 May Be ed to Fees	03/02/0	00072912 4-80012-022	150.00
TITLE	OFFICERS AND DIRECT	CTORS .					
NAME STREET ADDRESS CATY-ST-ZIP	LAUFER, ALLAN E 12221 GLENMORE DR. CORAL SPRINGS, FL 33071						
TITLE						•	
NAME STREET ADDRESS							
CITY-ST-ZIP						•	-
TITLE NAME							
STREET ADDRESS				חס ו	NIOT M	DITE	
CITY-ST-ZIP					NOT W		
TITLE NAME				IN T	'HIS SF	PACE	
STREET ADDRESS							
CITY-ST-ZIP						,	
TITLE NAME							}
STREET ADDRESS							
CITY - ST - ZIP							
TITLE			ŀ				}
STREET ADDRESS							
CITY-ST-ZIP			<u> </u>			<u>-</u>	
12. I hereby co- indicated of of the corp changed, o	ertify that the information supplied with this fi on this report or supplemental report is true a organism or the receiver or truetee empowered or on an attachment with a address, with al	ling does not qualify for the exer and accurate and that my signat d to execute this report as requir l other like empowered.	nption stated in Seure shall have the seed by Chapter 607	ction 119.07(3)(i), same legal effect a r, Florida Statutes,	Florida Statutes. I as if made under of and that my name	further certify that the path; that I am an office appears in Block 19	ne information cer or director 0 or Block 11 if