2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # P03000004840 1. Entity Name 02-17-2004 90049 040 ***150.00 FEDER/PALM BEACH PROPERTIES, INC. Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD., #401 HOLLYWOOD PL 33020 2450 HOLLYWOOD BLVD:, #401 HOLLYWOOD FL 93020 94016561 Holywood Blud YUNNA BIVA MOORE CR2E034 (11/03) Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent. Name FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD HOLLYWOOD FL 33020 8. The above named entity submits this statement for the purpose of changing its registered office or r egistered agent, or both, in the State of Florida. I am familiar with, and accept distered agent. the obligations of SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. FEDER, LYNDENCE IT 4 Addition TITLE TITLE ☐ Delete FEDER, LAWRENCE H NAME 3900 Hollyword Blud # 103 STREET ADDRESS 2450 HOLLYWOOD BLVD., #401 STREET ADDRESS CITY-ST-7/P HOLLYWOOD FL 33020 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME ollyward Bhd # 123 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PULLIBER PILECTUR Change TITLE ☐ Delete TITLE NAME NAME Hollywood Blue, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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