
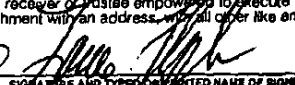


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**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000099984</b>			
1. Entity Name <b>FLEISSLER FAMILY CORPORATION</b>			
Principal Place of Business <b>7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434</b>		Mailing Address <b>7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434</b>	
2. Principal Place of Business <b>7517 MAHOGANY BEND PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>7517 MAHOGANY BEND PLACE</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
Zip <b>33434</b>	Country <b>USA</b>	Zip <b>33434</b>	Country <b>USA</b>
4. FEI Number <b>42-1606074</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P <b>CR2E034 (10/03)</b>	
6. Name and Address of Current Registered Agent <b>FLEISSLER, LORRENCE 7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7517 MAHOGANY BEND PLACE</b> City <b>BOCA RATON FL</b> Zip Code <b>33434</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	<b>D</b> <b>FLEISSLER, LORRENCE</b> <b>7512 MAHOGANY BEND PLACE</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7517 MAHOGANY BEND PLACE</b> <b>BOCA RATON, FL 33434</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEISSLER, ALBERTA</b> <b>7512 MAHOGANY BEND PLACE</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7517 MAHOGANY BEND PLACE</b> <b>BOCA RATON, FL 33434</b>
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
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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)(g), 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 		<b>LAURENCE FLEISSLER</b> 4/22/04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	