## \_2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000039026

Entity Name

SEIDEN, ALDER & MATTHEWMAN, P.A.



Principal Place of Business

2300 GLADES ROAD, WEST TOWER

SUITE 340

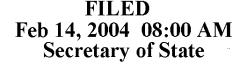
BOCA RATON, FL 33431

Mailing Address

2300 GLADES ROAD, WEST TOWER

SUITE 340

BOCA RATON, FL 33431



Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01162004 No Chg-P CR2E034 (10/03)

5.	Certificate of Status Desired	\$8.75 Additional Fee Required
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SEIDEN, ANDREW
2300 GLADES ROAD, WEST TOWER
SUITE 340
BOCA RATON, FL 33431

DO NOT WRITE
IN THIS SPACE

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.....

Signature, typed or printed name of registered agent and little 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  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

4. FEI Number 65-0832453

10. OFFICERS AND DIRECTORS TITLE SEIDEN, ANDREW NAME STREET ADDRESS 2300 GLADES ROAD, WEST TOWER, #340 CITY+ST-7IP BOCA RATON, FL 33431 TITLE NAME ALDER, WAYNE M STREET ADDRESS 2300 GLADES ROAD, WEST TOWER, #340 CITY-ST-ZIP BOCA RATON, FL 33431 MATTHEWMAN, WILLIAM D NAME STREET ADDRESS 2300 GLADES RD #340-W CITY - ST- 7IP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP

U00000051482 02/16/04-80053-012 150.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/12/04

561-416-0170

Daytime Phone #