2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90051 004 ***150.00

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1. Entity Name

MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD 2420 MIAMI FL 33131 US	200 S BISCAYNE BLVD 3000 WACHARIA FIN CTR MIAMI FL 33131 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
200 S. Biscayne Blvd.	
Suite, Apt. #, etc.: 3000	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State:
Zip: 33131 Country: USA	Zip: Country:

4. FEI Number: 65-0340687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELAND, MARK S.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):
3000 Wachovia Financial Center
200 S. Biscayne Blvd.

City: Miami **FL** Zip Code: 33131

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: _____ MARK MELAND 1/27/04
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MELAND, MARK S 200 S BISCAYNE BLVD 2420 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUSSIN, PETER D. 200 S BISCAYNE BLVD 2420 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HELLINGER, ANDREW B 200 S BISCAYNE BLVD 300 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUDWICH, MICHAEL 200 S BISCAYNE BLVD 3000 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ MARK MELAND 1/27/04 (305)358-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #