

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601864

FILED
Feb 27, 2004
Secretary of State

Entity Name: NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Current Principal Place of Business:

1645 PALM BCH LKS BLVD
SUITE 1200
WEST PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1645 PALM BCH LKS BLVD
SUITE 1200
WEST PALM BCH, FL 33401

New Mailing Address:

FEI Number: 59-1280063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE II, JOHN
1645 PALM BEACH LAKES BLVD.
STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DAS () Delete
Name: ARMOUR II, ALAN I
Address: 1645 PALM BCH LKS BLVD #1200
City-St-Zip: WEST PALM BCH, FL 33401

Title: DAVP () Delete
Name: PACHMAN, MARK A
Address: 1645 PALM BCH LKS BLVD #1200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AVP () Delete
Name: SCOTT, GREGORY
Address: 1645 PALM BCH LKS BLVD #1200
City-St-Zip: WEST PALM BCH., FL 33401

Title: DS () Delete
Name: WHITE II, JOHN,
Address: 1645 PALM BCH LAKES 1200
City-St-Zip: WEST PALM BCH., FL

Title: DT () Delete
Name: LIOCE, DOMENICK
Address: 1645 PALM BCH LKS BLVD #1200
City-St-Zip: WEST PALM BCH, FL 33401

Title: DVP () Delete
Name: GERSON, GARY N
Address: 1645 PALM BCH LKS BLVD #1200
City-St-Zip: W PALM BCH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMENICK R. LIOCE

DT

02/27/2004

Electronic Signature of Signing Officer or Director

Date