

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90188 045 \*\*\*150.00

**DOCUMENT # P01000064823**  
 1. Entity Name  
 DICKER, KRIVOK & STOLOFF, P.A.



Principal Place of Business      Mailing Address  
 1818 AUSTRALIAN AVE SOUTH STE 400      1818 AUSTRALIAN AVE SOUTH STE 400  
 WEST PALM BEACH, FL 33409      WEST PALM BEACH, FL 33409

44047000



**DO NOT WRITE IN THIS SPACE**

07012004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1119158      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DICKER, EDWARD  
 1818 AUSTRALIAN AVE SOUTH STE 400  
 WEST PALM BEACH, FL 33409

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

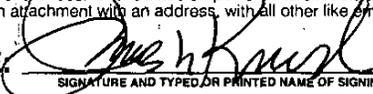
**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKER, EDWARD A 1818 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIVOK, JAMES N 1818 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOLOFF, SCOTT A 1818 AUSTRALIAN AVENUE SOUTH #400 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 its 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 **SEE ATTACHED EXHIBIT "A"**

SIGNATURE:       Date: 7/1/04      Daytime Phone #: (561) 615-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

# P01000064823

EXHIBIT "A"

44047006

I FURTHER CERTIFY that the Corporation did not receive a 2004 Annual Report Form prior to receipt of a Notice of Intent To Dissolve on 07/01/2004 and request waiver of \$400.00 penalty.



JAMES N. KRIVOK

For the Firm