


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 189841 1. Entity Name ROBERT HITTEL, INC.	
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Principal Place of Business 3035 NE 12 TERR OAKLAND PARK, FL 33334 US	Mailing Address 3035 NE 12 TERRACE OAKLAND PARK, FL 33334 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0917446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HITTEL, ROBERT 2600 NE 29TH CT FORT LAUDERDALE, FL
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**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 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HITTEL, CHRISTOPHER M 2600 NE 29 COURT FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HITTEL, ROBERT A 3020 N FEDERAL HWY FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITTEL, ROBERT 2600 N E 29TH CT FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNER, KATHLEEN 2600 NE 29 CT FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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 DIRECTOR **Robert A. Hittel**
Date **1/20/04** Daytime Phone # **(954) 566-5562**