2004 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Jul 12, 2004 8:00 am Secretary of State				
1. Entity Name	MENT # 391961							023 035 ***		
Principal Place 3300 PEMBR HOLLYWOOD,	ROKE ROAD	Mailing Address 3300 PEMBROKE ROAD HOLLYWOOD, FL 33021 US			07062004 Chg-P CR2E034 (10/03)					
2. Principal Pl Suite, Apt.	lace of Business #, etc.	3. Mailing Address 3324 PEMBROKE ROAD Suite, Apt. #, etc.								
City & State		PEMBROKE PARK, FL		4. FEI Number Applied For 59-1596864 Not Applicable						
Zip	Country	3 ^{Zip} 3021	Country US			of Status Desi		\$8.75 Add Fee Required		
3300 PEM	6. Name and Address of Curren , MICHAEL S BROKE ROAD DOD, FL 33021	I negisteren Agent	Name -			7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable)				
	, ,		City				F	Zip Cod	,	
Fil	Signature, typed or printed name of registered agen LE NOW!!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Camp. Trust Fund Cor	• • •	\$5.	00 May Be ed to Fees	corporation	n did not rec	607.193(2)(b), eive the prior r	notice.	
10. THLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD CROUCH, PAUL F 2442 MICHELLE DRIVE TUSTIN, CA 92780	D DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	5	ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTOR	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROUCH, JANICE W 2442 MICHELLE DRIVE TUSTIN, CA 92780	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	5				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EVERETT, MICHAEL 3300 PEMBROKE ROAD HOLLYWOOD, FL 33021	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP-	1		*		Change	Addition	
TITLE NAME Street Address City-St-Zip	TD BROWN, ALLAN 2442 MICELLE DRIVE TUSTIN, CA 92780	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S i				Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HICKEY, TERRENCE 2442 MICHELLE DRIVE TUSTIN, CA 92780	Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	s				🗍 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	PEN	NN, LF 4 Per 1BROKE	PARK	FL	Change 3302	Addition	
12. I hereby of indicated of the cor changed, SIGNAT	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address FURE:	th this filing does not qualify f is true and accurate and that powered to execute this repo with all other like empowere with all other like empowere a PAINTED NAME OF SIGNING OFFICE	LAURIE	tated in Se I have the Chapter 60]	ction 1 19.07(3) sama legal effe 7, Florida Statuti	(i), Florida Stat ct as if made u es; and that my 7/8/04 Date	utes. I further nder oath; tha name appea	certify that the in at I am an officer ars in Block 10 or 4 962- Daytime Phone #	formation or director Block 11 if	