2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						. FILED		
DOCUMENT # 514794 1. Entity Name						Feb 17, 2004 08:00 AM		
PRINCE GLICK, P.A.						Secretary of Stat	te	
Principal Plac	ce of Busines	s	Mailing Address	Malling Address		1		
1112 SE 3RD AVENUE FT. LAUDERDALE FL 33316			1112 SE 3RD AVENUE FT. LAUDERDALE FL 33316					
				00010		 	HOUSE EN 1881	
2 Principal I	Place of Busir	ness	3. Mailing Address					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	-	
City & Sta	te		City & State			i 50.1607002	plied For Applicable	
Zıp	ip Country		Zip Cauni		ntry	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				·	Name	7. Name and Address of New Registered Agent		
PRINCE, CHARLES M.					Street Address (P.O. Box Number is Not Acceptable)			
1112 SÉ 3RD AVENUE FT. LAUDERDALE FL 33316					Street Address ((P.O. Box number is Not Acceptable)		
					City	Fil Zip Code		
8. The above	e named entit	y submits this statement to	or the purpose of changing its	register	ed office or register	ered 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) OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fe								
Make Check Payable to Florida Department of State								
10. 111.E	PTD	OFFICERS AND	DIRECTORS Delete	11. TITU	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
NAME	PRINCE, C	HARLES M.	LI Delete	NAM	I	Change	Addition	
STREET ADDRESS 1112 SE 3RD AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33316					EET ADDRESS '-ST-ZIP			
TITLE	VD		Delete TITLE			☐ Change	Addition	
NAME STREET ADDRESS	GLICK, JO	SEPH RD AVENUE	NAM8		EET ADDRESS			
CITY-ST-ZIP	+	ERDALE FL 33316	CITY-ST-ZIP			U00000055267 02/17/04-80033-005 t644 00 Addition		
TITLE NAME	VSD Delete				E	UZ/I(/U4-8UU33-UU∑]bahie U	U Addition	
STREET ADDRESS	1112 SE 3	RD AVENUE	E .		ET ADDRESS			
CITY-ST-ZIP	FORT LAU	DERDALE FL 33316	☐ Delete	CITY	-ST-ZIP	Change	☐ Addition	
NAME			D Delete	NAM		Change	Modition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -SF-ZIP			
TITLE NAME			☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				CITY	-ST-ZIP			
TITLE NAME			☐ Delete	TITL! NAM		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-2IP			
12. I hereby	certify that the	e information supplied with	this filing does not qualify for			action 119.07(3)(i), Florida Statutes. I further certify that the int	formation	
12. I hereby certify that the information supplied with this filling 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 any 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 propovered.								
SIGNATURE: Joseph Glick Tunchur 2/13/04 954525-1112 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dark Daytome Phone #								
		SIGNATURE AND TYPED OR P	PHINTED NAME OF/SIGNING OFFICER	OR DIRECT	TOR	Date Daytime Phone #		