


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 576359 1. Entity Name STRAUSS AND WASSNER, INC.	
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Principal Place of Business 509 NE 20 STREET BOCA RATON FL 33431 US	Mailing Address 509 NE 20 STREET BOCA RATON FL 33431 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

WASSNER, LINDA 5307 PIPING ROCK DR. BOYNTON BCH. FL 33437
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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
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City	FL	Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS WASSNER, LINDA 5307 PIPING ROCK DR. BOYNTON BCH. FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRAUSS, MADELYN 887 BUTTONWOOD DR BOCA RATON, FL 0	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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 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 changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>Linda Wassner</i> Linda Wassner	1/21/04	561-395-7661
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MOORE CR2E034 (11/03)

4. FEI Number **59-1837734** Applied For Not Applicable

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

U00000014751
01/27/04-80034-023 150.00