CC: JIM

FILED
May 17, 2004 8:00 am
Secretary of State
04-28-2004 90299 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 585078

1. Entity Name
NATCON, INCORPORATED

Principal Place of Business	Mailing Address
4360 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 US	4360 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 US

66422167

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1862948
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, JAMES M /% HOLLAND & KNIGHT
ONE EAST BROWARD BLVD., #1300
FT. LAUDERDALE, FL 33301

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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 ALLAN ROSENBERG 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

#7938 N

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENBERG, ALLAN J.
STREET ADDRESS	4360 N. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	WARONOFF, MARVIN
STREET ADDRESS	4360 N. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: 5/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #