

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -6 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100026219271

01/06/04--01082--020 \*\*158.75



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2548204	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	CEO
NAME	TERLIZZI, JAMES D
STREET ADDRESS	6501 PARK OF COMMERCE BLVD. STE 140B
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	P
NAME	MITCHELL, ANTHONY
STREET ADDRESS	6501 PARK OF COMMERCE BLVD. SUITE 140B
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SD
NAME	TERLIZZI, JAMES D
STREET ADDRESS	6501 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33487
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)(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: James D. Terlizzi CEO Date: 1/5/04 561.962.3900  
Signature and typed or printed name of signing officer or director Daytime Phone #