## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2004 8:00 am Secretary of State DOCUMENT # F02000002775 1. Entity Name 05-05-2004 90217 033 \*\*\*158.75 FAMCO HOLDING COMPANY, INC. Principal Place of Business Mailing Address 2200 N.W. 32ND ST.; #1900 POMPANO BEACH FL 33069 2200 N.W. 32ND ST., #1300 POMPANO BEACH FL 33069 3. Mailing Address P. O. Box 667126 2. Principal Place of Business Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 36-4318740 POMPANO BEACH. FI Not Applicable Zip Country \$8.75 Additional NS A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name rewman POŁLOCK, KEN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD., #414 **BOCA RATON FL 33431** 21 $\mathcal{O}$ MAGN 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. Lam familiar with, and accept the obligations of egis SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change [ Addition GIBBS, DONALD R NAME NAME STREET ADDRESS 2269 S. UNIVERSITY DR., #272 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33024 CITY-ST-ZIP CCEO Delete TITLE TITLE ☐ Addition Rewman, lewin J. NAME NEWMAN, IRWIN N NAME 1600s. Federal Hwy 2200 NW 32ND ST. 13000 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP Pompano Bch, Fla. 33062 in Tiete TITLE TD TITLE ☐ Change ☐ Addition TRAINE KLEIN, GERARD I NAME STREET ADDRESS 2200 NW 32ND ST, 1300 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the scener 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 attachine the with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-26-04 954) 818-3057

☐ Change

☐ Addition

**FILED**