


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90469 042 \*\*\*150.00

| <b>DOCUMENT # F04345</b><br>1. Entity Name<br><b>STAR NATIONAL ENTERPRISES, INC.</b>   |                           |                                 |  |  |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|---------------------------|---------------------------------|--|---|---|----------------------------|--|--|---|--|--|-------|---------------------------|---------------------------------|-------|--|---|------|-------------------|--|------|--|--|----------------|--------------------------|--|----------------|--|--|-------------|------------------|--|-------------|--|--|-------|---|---------------------------------|-------|--|---|------|--------------------|--|------|--|--|----------------|--------------------------|--|----------------|--|--|-------------|---------------|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br>% WILLIAM J OSWALD<br>1515 N. FEDERAL HWY., SUITE 300<br>BOCA RATON FL 33432-6196   |                           |                                 | Mailing Address<br>% WILLIAM J OSWALD<br>1515 N. FEDERAL HWY., SUITE 300<br>BOCA RATON FL 33432-6196                                 |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                           |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 4. FEI Number <b>59-2247795</b>  |                           |                                 | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                           |                                 | <b>\$8.75</b> Additional Fee Required  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>OSWALD, WILLIAM J.</b><br><b>1515 N. FEDERAL HWY, SUITE 300</b><br><b>BOCA RATON FL 33432</b>  |                           |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 _____  |                           |                                 |  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 40%; text-align: center;"> <b>I CERTIFY THIS FORM<br/>WAS NOT RECEIVED<br/>UNTIL MAY 2004</b> </div> <div style="width: 30%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>  |                           |                                 |  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PTDS<br/>OSWALD, WILLIAM J</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"> </td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OSWALD, WILLIAM J</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1515 N FEDERAL HWY S-300</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 0</td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OSWALD, WILLIAM J.</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1515 N FEDERAL HWY S-300</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL</td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> |                           |                                 |  |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PTDS<br>OSWALD, WILLIAM J | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | OSWALD, WILLIAM J |  | NAME |  |  | STREET ADDRESS | 1515 N FEDERAL HWY S-300 |  | STREET ADDRESS |  |  | CITY-ST-ZIP | BOCA RATON, FL 0 |  | CITY-ST-ZIP |  |  | TITLE | S | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | OSWALD, WILLIAM J. |  | NAME |  |  | STREET ADDRESS | 1515 N FEDERAL HWY S-300 |  | STREET ADDRESS |  |  | CITY-ST-ZIP | BOCA RATON FL |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | PTDS<br>OSWALD, WILLIAM J | <input type="checkbox"/> Delete | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | OSWALD, WILLIAM J         |                                 | NAME   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 1515 N FEDERAL HWY S-300  |                                 | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | BOCA RATON, FL 0          |                                 | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | S                         | <input type="checkbox"/> Delete | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | OSWALD, WILLIAM J.        |                                 | NAME   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 1515 N FEDERAL HWY S-300  |                                 | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | BOCA RATON FL             |                                 | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                           |                                 | NAME   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                           |                                 | NAME   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                           |                                 | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                           |                                 | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                           |                                 | NAME   |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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 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: <u>William J Oswald</u> <b>5/7/04</b> <b>561-392-4550</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                           |                                 |  |   |   |                            |  |  |   |  |  |       |                           |                                 |       |  |   |      |                   |  |      |  |  |                |                          |  |                |  |  |             |                  |  |             |  |  |       |   |                                 |       |  |   |      |                    |  |      |  |  |                |                          |  |                |  |  |             |               |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |

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