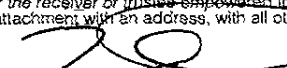


FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F58206 1. Entity Name FISCHER-GAETA-CROMWELL, INC.				Secretary of State	
Principal Place of Business 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403		Mailing Address 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent GAETA, LOUIS A JR 3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FISCHER, ROBERT F. 65 VIA DEL CORSO WEST PALM BEACH, FL 33410	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAETA, LOUIS A JR. 3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROMWELL, HENRY F 3555 NORTHLAKE BLVD WEST PALM BEACH, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  NEIL J. GAETA 3/1/04 561-627-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					