## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 26, 2004 8:00 am Secretary of State DOCUMENT # F73837 02-26-2004 90018 004 \*\*\*150.00 SCHER & SCHAEFER, INC. Principal Place of Business Mailing Address IUUUUUUU 4700 N. STATE RD 7 4700 N. STATE RD 7 200 FT. LAUDERDALE, FL 33319 FT. LAUDERDALE, FL 33319 2. Principal Place of Business 3. Mailing Address 13506 Cordoba Lake Way 13506 Cordoba Lake Way Suite, Apt. #, etc. Suite, Apt. #, etc 01092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Delray Beach, Delray Beach, FL 59-2172463 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33446 <u>Palm Beach</u> 33446 Palm Beach 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Fred Scher SCHER, FRED Street Address (P.O. Box Number is Not Acceptable) 4700 N. STATE RD 7 13506 Cordoba Lake Way SUITE 200 FT. LAUDERDALE, FL 33319 Zip Code Delray\_Beach 33446 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. t signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP TITLE ☐ Change ☐ Addition TITLE ☐ Delete SCHER, FRED NAME STREET ADDRESS STREET ADDRESS 13506 CORDOBA LAKE WAY CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33446 Change TITLE ☐ Delete TITLE ☐ Addition SCHAEFER, JOSEPH NAME NAMÉ STREET ADDRESS 10390 BUENA VENTURA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33498 TITLE -\_\_\_\_Delete\_\_\_ TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED** 

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