

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 032 ****70.00

DOCUMENT # F96000002907

1. Entity Name

FLI, INC.



Principal Place of Business

Mailing Address

1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH FL 33460

1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0694625

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTH HARRIS-SHAW
1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH FL 33160

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 \$61.25
Due By May 1, 2004**

9. Election Campaign Financing:
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ED** ☒ Delete
NAME **HARRIS-SHAW, RUTH**
STREET ADDRESS **1013 LUCERNE AVE STE 1**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ Delete
NAME **DELMONTIQUE, ROBERT**
STREET ADDRESS **23000 DRIAR STREET**
CITY-ST-ZIP **WOODLAND HILLS CA 91367**

TITLE **PD** ☐ Delete
NAME **RUBIN, MURRAY**
STREET ADDRESS **9501 SAHARA AVE #1185**
CITY-ST-ZIP **LAS VEGAS NV 89117**

TITLE **D** ☐ Delete
NAME **GAZZARA, ELKE**
STREET ADDRESS **1080 MADISON AVE**
CITY-ST-ZIP **NEW NY 10068**

TITLE **ST** ☐ Delete
NAME **MIRANDA, LORI**
STREET ADDRESS **81 MAPLECREST CIRCLE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Delete
NAME **SMITH, LOU**
STREET ADDRESS **5225 POOKS HILL ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria P. Gideon 2/25/04 561-585-7771