


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004829 1. Entity Name WASSERMAN FORT MYERS, INC.	
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Principal Place of Business ONE PARK ROW PROVIDENCE, RI 02903	Mailing Address PO BOX 6187 PROVIDENCE, RI 02940
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DO NOT WRITE IN THIS SPACE



03142003 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1489711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WASSERMAN, BERNARD 1 PARK ROW, 4TH FLOOR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS WASSERMAN, DAVID D 1 PARK ROW, 4TH FLOOR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WASSERMAN, RICHARD N 1 PARK ROW, 4TH FLOOR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTONUCCIO, CHARLES P 125 CINDY ANN DR. E. GREENWICH, RI 02818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/23/04-80010-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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:  Richard Wasserman 7/19/04 401-274-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #