


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # G08540 1. Entity Name ROBERT S. FORMAN, P.A.	
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Principal Place of Business 2101 W. COMMERCIAL BLVD. #4100 FT. LAUDERDALE, FL 33309 US	Mailing Address 2101 W. COMMERCIAL BLVD. #4100 FT. LAUDERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD.
#4100
FT. LAUDERDALE, FL 33309

**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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMAN, ROBERT 2101 W. COMMERCIAL BLVD., #4100 FORT LAUDERDALE, FL 33309
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**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)(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 or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S FORMAN, PRES.

1/14/04 954 735-0000
Date Daytime Phone #