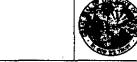
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G86773

1. Entity Name

APPLEBAUM & ASSOCIATES, SOUTH, INC.



FILED Mar 25, 2004 08:00 AM Secretary of State

Principal Place of Business

% RAY C. APPLEBAUM 1100 NW 73RD ST MIAMI, FL 33150 Mailing Address

% RAY C. APPLEBAUM 1100 NW 73RD ST MIAMI, FL 33150



DO NOT WRITE IN THIS SPACE

| lied For |
|------------|
| Applicable |
| |

5. Certificate of Status Desired Fee

\$8.75 Additional Fee Required

,8. Name and Address of Current Registered Agent

APPLEBAUM, RAY C. 1100 NW 73RD ST MIAMI, FL

SIGNATURE:

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 Signature, typed or printed name of regulatered agent and trig if applicable. (NOTE: Registered Agent approxime required when renstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fi | | | cing [| \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | · | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | P APPLEBAUM, RAY C 1100 N W 73 STREET MIAMI, FL | | | | U00000095907 03/25/04~80007-023 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S APPLEBAUM, FREDRICA L 1100 N W 73 STREET MIAMI, FL | 27.00 | | | 03/25/04-80007-023 150.00 895-4500453-1909060785 05006/7 100-07 623 | |
| TITLE NAME 5TREET ADDRESS CITY-ST-ZIP | | - 4-4-4 | | DO | NOT WRITE | |
| title Name Street Address City-St-Zip | | | | IN T | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | T fac | |
| 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 of 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. | | | | | | |