## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT				_ Secretary of State			
DOCUI 1. Entity Nam XGSC, IN						J	
Principal Plac		Mailing Address		]			
423 S KELLE 201		423 S KELLER RD 201					
ORLANDO, FI	L 32810	ORLANDO, FL 32810			E1 ((E1) ((E)) (E)	I OZALI OZALI ULEZ ELA	II OTOTI CICINATI II LOC
			<u> </u>				
DO NOT WRITE IN THIS SPACE				01092004	No Chg-P	CR2E034 (	(10/03)
			CE	4. FEI Numb			Applied For Not Applicable
					e of Status Desired		.75 Additional
	6. Name and Address of Current R	egistered Agent		L		F86	Required
423 S KEL 201	TZ, HOWARD B. LER RD ), FL 32810	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for	he purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Fic	orida. I am fami	liar with, and accept
the obligat	ions of registered agent.						
SIGNATURE_	Signature: Typed or printed name of registered agent an	title if applicable (NOTE Register	ed Agent signature required	d when reinstaling)		DATE	<del></del>
	E NOW!!! FEE (\$ \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS	-				
TITLE NAME	PDS LEFKOWITZ, HOWARD B.						
STREET ADDRESS	423 S KELLER RD 201				10000000000	7 115	
CITY-ST-ZIP ORLANDO, FL			4		1916/39 04,394(4-1)	554 () 26 30-322	- FG 39
TITLE					, ,		সংখ্যা এনি
STREET ADDRESS							
CITY - ST - ZIP	<u> </u>		-{				
TITLE NAME							
STREET ADDRESS City ST-ZIP			1	DO	NOT W	RITE	
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NAME				IIV	THIS SF	AUE	
STREET ADDRESS CITY - ST - ZIP							
TITLE			1				
NAME							
STREET ADDRESS			1				
DILE			-				
MANAGE							

12. I hereby certify that the information supplied with this filling does not qualify to 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 mat 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 improvement 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:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

407-667-8989

Daytime Phone #