

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33222

FILED
Mar 24, 2004
Secretary of State

Entity Name: LEVINE, HIRSCH, SEGALL, MACKENZIE & FRIEDSAM, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

100 S ASHLEY DR., SUITE 1600 (33602)
P.O. BOX 3429
TAMPA, FL 336010429

New Principal Place of Business:

Current Mailing Address:

100 S ASHLEY DR., SUITE 1600 (33602)
P.O. BOX 3429
TAMPA, FL 336010429

New Mailing Address:

FEI Number: 59-2722862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ARNOLD D.
100 S ASHLEY DR #1600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HIRSCH, RICHARD A.,
Address: 100 S ASHLEY DR #1600
City-St-Zip: TAMPA, FL

Title: DS () Delete
Name: SEGALL, STEPHEN L.,
Address: 100 S ASHLEY DR #1600
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: LEVINE, ARNOLD D.,
Address: 100 S ASHLEY DR #1600
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD D. LEVINE

PD

03/24/2004

Electronic Signature of Signing Officer or Director

Date