


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J74626 1. Entity Name HICKS, BRAMS & SCHER, P.A.	
---	---

Principal Place of Business 1645 PALM BEACH LAKES BLVD., SUITE 1050 W. PALM BEACH, FL 33401	Mailing Address 1645 PALM BEACH LAKES BLVD., SUITE 1050 W. PALM BEACH, FL 33401
---	---



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2801704	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRAMS, DANIEL J.
1645 PALM BEACH LAKES BLVD.
SUITE 1050
W. PALM BEACH, FL 33401**

**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 registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HICKS, JAMES H. 1645 PALM BEACH LAKES BLVD., SUITE 1050 W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BRAMS, DANIEL J. 1645 PALM BEACH LAKES BLVD., SUITE 1050 W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHER, BRIAN T 1645 PALM BEACH LAKES BLVD., SUITE 1050 W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000008884
01/20/04-80084-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel J. Brams

1-15-04 561-683-2300
1/15/04 561-683-2300