

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 APR -5 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0007001 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JENNINGS & VALANCY, ATTORNEYS  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316

**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 P  
NAME LIEBOWITZ, SHELDON  
STREET ADDRESS 2600 E COMMERCIAL BLVD, 200  
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE S  
NAME LIEBOWITZ, MURRAY  
STREET ADDRESS 2600 E COMMERCIAL BLVD, 200  
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700031981277  
04/06/04--01038--001 \*\*158.75

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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## **IMPORTANT INSTRUCTIONS**

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- \* The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

### **Mail completed report to:**

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**Courier Address:** (overnight delivery)  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

### **Questions?**

Phone: (850) 245-6056  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### **INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.