


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90043 043 \*\*\*150.00

<b>DOCUMENT # K09797</b> 1. Entity Name <b>FLORIDA K - FIVE CORPORATION</b>					
Principal Place of Business <b>C/O THEODORE S. KONOVER 9822 N.E. 2ND AVE., SUITES #1 &amp; #2 MIAMI SHORES, FL 33138</b>			Mailing Address <b>C/O KONOVER &amp; ASSOC SOUTH, LLC 7000 W PALMETTO PK RD, STE 408 BOCA RATON, FL 33433</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0022973</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KONOVER, THEODORE S. 9822 NE 2ND AVE STES. 1&amp;2 MIAMI SHORES, FL 33138</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstalling)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D KONOVER, THEODORE S. <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONOVER, THEODORE S.		NAME	<b>7000 W. PALMETTO PARK RD</b>	
STREET ADDRESS	9822 NE 2ND STREET SUITE 1&2		STREET ADDRESS	<b>BOCA RATON, FL 33433</b>	
CITY-ST-ZIP	MIAMI SHORES, FL		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	D KONOVER, HENRY <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONOVER, HENRY		NAME	<b>7000 W. PALMETTO PARK RD</b>	
STREET ADDRESS	9822 NE 2ND AVENUE SUITE 1&2		STREET ADDRESS	<b>BOCA RATON, FL 33433</b>	
CITY-ST-ZIP	MIAMI SHORES, FL		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	VP COPPA, JANE K <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPPA, JANE K		NAME		
STREET ADDRESS	7000 W PALMETTO PK RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	EVP KONOVER, HENRY <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONOVER, HENRY		NAME	<b>7000 W. PALMETTO PARK RD</b>	
STREET ADDRESS	9822 N 2 AVE, STE 1&2		STREET ADDRESS	<b>BOCA RATON, FL 33433</b>	
CITY-ST-ZIP	MIAMI SHORES, FL		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	T. MIRRIONE, KRISTEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRRIONE, KRISTEN		NAME		
STREET ADDRESS	7000 W PALMETTO PK RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Theodore S. Konover</i>			THEODORE S. KONOVER 1/24/04 561 394 4224 Date Daytime Phone #		