

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 028 ***550.00

DOCUMENT # K49767

1. Entity Name
FRCA - SUNSCAPE CORP.



Principal Place of Business
**C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK, NY 10001**

Mailing Address
**C/O FIRST REPUBLIC CORP OF AMERICA
302 5TH AVE 6TH FL
NEW YORK, NY 10001**

44000823



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262004

Chg-P

CR2E034 (10/03)

4. FEI Number
57-0880227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOBROW, IRVING S.	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALPER, NORMAN A.	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BERGMAN, HARRY	
STREET ADDRESS	3902 FIFTH AVE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	JONATHAN ROSEN	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NIMKOFF, ROBERT L	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, WILLIAM M.	
STREET ADDRESS	302 5TH AVE	
CITY-ST-ZIP	NEW YORK, NY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Halper, Norman A.	
STREET ADDRESS	302 Fifth Avenue	
CITY-ST-ZIP	New York, NY	
TITLE	President/Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bergman, Harry	
STREET ADDRESS	302 Fifth Avenue	
CITY-ST-ZIP	New York, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Harry Bergman, President (212) 279-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #