


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90005 032 \*\*\*550.00

<b>DOCUMENT # K92329</b>	
1. Entity Name CVI INDUSTRIES CORP.	

Principal Place of Business 245 N OCEAN BLVD #304 DEERFIELD BEACH, FL 33441	Mailing Address 109 N. BRIDGE STREET ELKTON, MD 21921
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54056819



2. Principal Place of Business	3. Mailing Address 109 N. BRIDGE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. ADMINISTRATIVE OFFICE
City & State	City & State ELKTON, MD
Zip	Country
	Zip 21921

03112003 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0123976

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent ZISKIND, STEPHEN, A 245 N OCEAN BLVD STE #304 DELRAY BEACH, FL 33441
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P ZISKIND, STEPHEN A 245 N. OCEAN BLVD., SE. 304 DELRAY BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen A. Ziskind 5/27/04 410-398-1961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**Division of Corporations**

54056819

**Annual Report**

**Payment Page**

Document Tracking # - 600035328706

For

Corporate Annual Report # **K92329**

The charge amount for your filing is \$550.00.

Payment

# 7947

*Check enclosed*

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

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Sunbiz E-file account number

Password

E-mail Address

**Sunbiz E-file Account Payment**

**Reset**

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**Please Note**

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## Annual Report

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Business Entity Name

CVI INDUSTRIES CORP.

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

650123976

FEI Number  
Status☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of  
Status Desired☐ Yes ☒ No

## Principal Place of Business

Address

245 N OCEAN BLVD

Suite, Apt. #, etc.

#304

City, State

DEERFIELD BEACH

FL

Zip Code &amp; Country

33441

## Mailing Address

Address

109 N Bridge Street

Suite, Apt. #, etc.

City, State

Elkton

MD

Zip Code &amp; Country

21921

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

Address

Suite, Apt. #, etc.

City, State

Zip Code &amp; Country

ZISKIND, STEPHEN, A

245 N OCEAN BLVD

STE #304

DEERFIELD BEACH

33441

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

54056819

Registered Agent Signature

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## Annual Report

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Business Entity Name

CVI INDUSTRIES CORP.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

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City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Stephen A. Ziskind

Continue

Reset

Start Over

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