


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M00061
 1. Entity Name
 SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.



Principal Place of Business
 54 SW BOCA RATON BLVD.
~~SUITE 300~~
 BOCA RATON, FL 33432 US

Mailing Address
 54 SW BOCA RATON BLVD.
~~SUITE 300~~
 BOCA RATON, FL 33432 US

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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2407070

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COHEN, EDWARD B.
 54 SW BOCA RATON BLVD.
~~SUITE 300~~
 BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD
NAME	SCHWARTZ, ALLAN H.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	ZAKARIN, RONALD M.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PD
NAME	COHEN, EDWARD B.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	KOTLER, MICHAEL T
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edward B. Cohen Date: 4/6/04 Daytime Phone #: 561-361-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward B. Cohen