## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 04, 2004 08:00 AM

65-0011722  S. Certificate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  BROCHIN, ROBERT M 200 S. BISCAYNE BLVD., #5300  MIAMII, FL 33131  BROCHIN SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence obligations of registered agent  SIGNATURE  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  ITILE  POED  OFFICERS AND DIRECTORS  ITILE  NAME  SIRET ADDRESS  STD  IMPOLITO, ROBERT  825 BERKSHIRE BLVD  WYOMISSING, PA 19610  ITILE  NAME  SITCH ADDRESS  OTH ST.2P  DO NOT WRITE  IN THIS SPACE  NOT THIS SPACE  DO NOT WRITE  IN THIS SPACE	1. Entity Nan	MENT # M62142 ne LDINGS, INC.				Secret	ary of State	
DO NOT WRITE IN THIS SPACE    A. FEI Number   S. F. Status Desired   S. S. S. S. Additional Fee Required   S. S. Certificate of Status Desired   S. S. S. S. Additional Fee Required   S. Certificate of Status Desired   S. S. S. S. Additional Fee Required   S. S. Certificate of Status Desired   S. S. S. S. S. Additional Fee Required   S. Certificate of Status Desired   S. S. S. S. S. S. Additional Fee Required   S. Certificate of Status Desired   S.	825 BERKSI SUITE 200	HIRE BLVD	825 BERKSHIRE BLVD SUITE 200	S	4 manual			
BROCHIN, ROBERT M 200 S. BISCAYNE BLVD., #5300 MIAMI, FL 33131  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 accomplete the obligations of registered agent.  SIGNATURE    Signature, hipsed or proteed registered agent and title if apolitable   (NOTE Registered Agent signature required when reinstating)   DATE	C	OO NOT WRITE I	CE	03292004 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For   Not Applied For   Not Applied For   Seried   \$8.75 Additional				
THE CONTROL STD WYOMISSING, PA 19610  TITLE NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS STREET	BROCHIN, ROBERT M 200 S. BISCAYNE BLVD., #5300							
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000155170 05/05/04-80026-006 300.00  TITLE PCEO CARLINO, PETER 825 BERKSHIRE BLVD WYOMISSING, PA 19610  TITLE STD IPPOLITO, ROBERT STREET ADDRESS CITY-ST-ZIP WYOMISSING, PA 19610  TITLE STEET ADDRESS CITY-ST-ZIP WYOMISSING, PA 19610  TITLE STEET ADDRESS CITY-ST-ZIP WYOMISSING, PA 19610  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE	the obligat	tions of registered agent	de il applicable (NOTE Registered	d Agent signature required	<u> </u>	oth, in the State of Fig		d accept
TITLE PCEO  MAME CARLINO, PETER  STHEET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TO NOT WRITE  IN THIS SPACE	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			_ ~		U000000 05/05/04-	1155170 -80026-006 300	πn
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	PCEO CARLINO, PETER 825 BERKSHIRE BLVD WYOMISSING, PA 19610 STD IPPOLITO, ROBERT 825 BERKSHIRE BLVD	ECTORS			NOT W	RITE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	STREET ADDRESS CITY+ST-ZIP TITLE						-	

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 inustee 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:

SIGNATURE

SIGNATURE

Date

Date

Dayline Phone A

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Robert S. Ippolito