2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M67259

1. Entity Name
CORRECTIONS SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308	3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E084 (10/03)

4. FEI Number
65-0029094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EUGENE M. KENNEDY ESQUIRE
517 SW FIRST AVENUE
FORT LAUDERDALE, FL 33301

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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 constituting)

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

U00000104061
04/05/04-80082-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKER, NORMAN
STREET ADDRESS	2404 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	BAUER, FRANK
STREET ADDRESS	3040 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	MARTINI, DIANE
STREET ADDRESS	3040 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Norman Becker Pres. NORMAN BECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #