2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # M80666 ... 1. Entity Name RUBINSTEIN & HOLZ, P.A. Principal Place of Business Mailing Address 1375 JACKSON ST. P. O. BOX 368 FT. MYERS, FL 33902 US SUITE 304 FT. MYERS, FL 33901-2837 US No Chg-P CR2E034 (10/03) 01072004 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0048170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUBINSTEIN, ALAN J. 1375 JACKSON ST. SUITE 304 IN THIS SPACE FT. MYERS, FL 33901 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RUBINSTEIN, ALAN J. NAME 1779 WHITECAP CIRCLE STREET ADDRESS U00000003144 CITY-ST-ZIP N FT MYERS, FL 01/13/04-80044-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

FILED

739-332-3400

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