## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2005 8:00 am Secretary of State

Principal Place of Business  1750 E-SUNRISE BLVD  FT-LAUDERDALE, FL-33304-3013  Mailing Address  4750 E-SUNRISE BLVD  FT-LAUDERDALE, FL-33304-3013	
2. Principal Place of Business 2100 West Cypress Creek Rd. 2100 West Cypress Creek Rd.	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   04152005   Chg-P   CR2E034 (10/0	)3)
City & State City & State 4. FEI Number	Applied For
Fort Lauderdale, FL Fort Lauderdale, FL 65-0067111	Not Applicable
Zip Country Zip Country Sa.75 33309 Solution Country Country 5. Certificate of Status Desired Fee Reg	Additional uired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
DAUGHERTY, ST. JOHN  1750 EAST SUNRISE BLVD  FORT LAUDERDALE, FL 93394  Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road  City  Fort Lauderdale,  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 the obligations of registered agent.  SIGNATURE  St. John Daugherty  St. John Daugherty  OATE	Code 3309 vith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE D Delete TITLE Chan NAME LEVAN, ALAN B.	ige
STREET ADDRESS 2100 West Cypress Creek Road	
CITY-ST-ZIP Fort Lauderdale, FL 33309	
TITLE P Delete TITLE XX Chan	nge 🔲 Addition
NAME SARRICA, LEWIS NAME	
STREET ADDRESS 4750 E-SUNRISE BLVD- STREET ADDRESS 2100 West Cypress Creek Road	
CITY-ST-ZIP FORT Lauderdale, FL 33309	
TITLE S Delete TITLE	ige 🗌 Addition
NAME DAUGHERTY, ST. JOHN NAME	
street address   1750 E SUNRISE BLVD street address   2100 West Cypress Creek Road	

12. I hereby certify that the information supplied with the 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 the 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 information.

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 2100 West Cypress Creek Road

Fort Lauderdale, FL

**SIGNATURE:** 

**EVPT** 

LANG, RICHARD

**4750 E SUNRISE BLVD** 

**EORT LAUDERDALE, FL. 33304** 

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Richard Lang, Treas.

☐ Delete

Delete

☐ Delete

954-760-5000

Date Daytime Phone #

Change

Change

Change

■ Addition

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Addition