2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N03000003428 04-16-2004 90040 009 ****61.25 1. Entity Name FINANCIAL FORUM OF AMERICA, INC. Principal Place of Business Mailing Address 66416487 CRYSTAL CORPORATE CENTER 2500 N. MILITARY TRAIL, SUITE 260 BOCA RATON FL 33431 CRYSTAL CORPORATE CENTER 2500 N. MILITARY TRAIL, SUITE 260 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number City & State City & State Applied For -2366019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent جي جي ڀود. CHESLER, BARRY S Street Address (P.O. Box Number is Not Acceptable) CRYSTAL CORPORATE CENTER 2500 N. MILITARY TRAIL, SUITE 260 BOCA RATON FL 33431 Zip Code 6. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MILE Delete TITLE ☐ Change ☐ Addition GOLDSTEIN, ARNOLD S NUME NAME 942 EVERGREEN DRIVE STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-7IP TITLE Datete TITLE Change ☐ Addition CHESLER, BARRY S MAG NAME 159 KEY PALM ROAD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP _ ... Delete TITLE MILE . __ Change __ . Addition MROZINSKI, PHILLIP D NAME NAME 9260 SW 14TH STREET #2507 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 required by Chapter 617, 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 tipe empowered? SIGNATURE:

ME OF 81G

NG OFFICER OR DIRECTOR

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