

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90504 008 ****61.25

60004143



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2758863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT KAVE & ASSOCIATES, INC.
6261 NW 6 WAY SUITE 103
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOROWITZ, LEONARD
STREET ADDRESS	16061 LOCH KATRINE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	OSVICK, RICK
STREET ADDRESS	15941 LOCK KATRINE TR.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DVP
NAME	PANZER, HERB
STREET ADDRESS	7389 VICTORY LANE #9303
CITY-ST-ZIP	DELRAY BCH, FL 33446
TITLE	DS
NAME	EUDOWE, SAUL
STREET ADDRESS	15921 LACH KATRINE TR #6904
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	WINTER, JOSEPH
STREET ADDRESS	7458 VICTORY LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	POLLACK, MARTIN
STREET ADDRESS	16041 LOCK KATRINE TR.
CITY-ST-ZIP	DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/05 954-344 5353