


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

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90053 028 \*\*\*\*70.00

<b>DOCUMENT # N42905</b> 1. Entity Name FIRE RESCUE STATION #52, INCORPORATED	
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Principal Place of Business 4492 BOCAIRE BLVD. BOCA RATON, FL 33487 US	Mailing Address C/O STEVEN WARM 2101 CORPORATE BOULEVARD, SUITE 215 BOCA RATON, FL 33431 US
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30014326



01152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0198612	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WARM, STEVEN, ESQ BOCA CORPORATE CENTER STE 215 2101 CORPORATE BLVD BOCA RATON, FL 33431
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHCHILD DORTHY 17517 VIA CAPRI BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <i>Samuels</i> <del>SCHNEIDERMAN, GAIL</del> 4492 BOCAIRE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, JEROME 4492 BOCAIRE BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

**SIGNATURE:** *Paul Samuels (GAIL Samuels Treasurer)* 2/8/05 561-997-5397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #