


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

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90003 010 ****61.25

DOCUMENT # N49218	
1. Entity Name SOUTH FLORIDA COUNCIL ON STATE TAXATION, INC.	

Principal Place of Business % ALLEN H. LIBOW, ESQ. 1200 N. FEDERAL HIGHWAY, SUITE 301 BOCA RATON FL 33432 US	Mailing Address % ALLEN H. LIBOW, ESQ. 1200 N. FEDERAL HIGHWAY, SUITE 301 BOCA RATON FL 33432 US
---	---

34038858



MOORE CR2E037 (11/03)

2. Principal Place of Business 3351 NW Boca Raton Blvd Suite, Apt. #, etc.	3. Mailing Address 3351 NW Boca Raton Blvd Suite, Apt. #, etc.
---	---

City & State Boca Raton, FL Zip 33431 Country US	City & State Boca Raton, FL Zip 33431 Country US
--	--

4. FEI Number 65-0338237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIBOW, ALLEN H ESQ. LIBOW & MUSKAT, LLP 1200 N. FEDERAL HIGHWAY, SUITE 301 BOCA RATON, FL 33432
--

7. Name and Address of New Registered Agent Name Libow, Allen H. Esq. Street Address (P.O. Box Number is Not Acceptable) Libow & Muskat, LLP 3351 NW Boca Raton Blvd City Boca Raton FL Zip Code 33431

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** _____

FILE NOW- FEE IS \$61.25 Due By May 1, 2004	9- Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE PD NAME FOWLER, DEBORAH STREET ADDRESS 200 E B ROWARD BLVD, #1310 CITY-ST-ZIP FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE TD NAME LIBOW, ALLEN ESQ STREET ADDRESS 1200 N FEDERAL HIGHWAY, #301 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE D NAME SHAHEEN, WILLIAM M STREET ADDRESS 1200 N FEDERAL HIGHWAY, #301 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME Libow, Allen H., Esq. STREET ADDRESS 3351 NW Boca Raton Blvd. CITY-ST-ZIP Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Shaheen, William M. STREET ADDRESS 3351 NW Boca Raton Blvd. CITY-ST-ZIP Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4/30/04 561-367-734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**