

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-25-2004 90061 003 ****61.25

44013646



02192004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0501544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROGAN, FRANCIS B JR.
515 E. LAS OLAS BLVD., SUITE 1500
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name MICHAEL BIENES
Street Address (P.O. Box Number is Not Acceptable)
141 BAY COLONY DRIVE
City FORT LAUDERDALE FL Zip Code 33308

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

Michael Bienes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BIENES, MICHAEL S
STREET ADDRESS 141 BAY COLONY DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROGAN, FRANCIS B JR.
STREET ADDRESS 515 E. LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BIENES, DIANNE K
STREET ADDRESS 141 BAY COLONY DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Michael Bienes MICHAEL BIENES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-04-954-491-5714