2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000002987

1. Entity Name



FILED Feb 06, 2004 8:00 am Secretary of State

02-06-2004 90022 007 ****70 00

Pinnicipal Place of Business Soil GulfSTREAM BLVD H101 / 102 DCLRY PEACH, FL 33483 DCLRY PEACH, FL 3465 DCLRY PEACH, FL		RCH, INC.						
Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. D1262004 Cng.Np CR2E037 (10/03) City & State City & State City & State Applied for Rose Applicable Applied for Rose	500 GULFSTREAM BLVD #101 / 102	#ULFSTREAM BLVD 500 GULFSTREAM BLVD / 102 #101 / 102) 	TIN SAIN BOTH OTH SAIN BOTHS IN	1919) (1919) 1919	1101 61 109 1	
City & State A. FET Number 65-0675004 A. FET Number 65-0675004 A. FET Number 65-0675004 A. FET Number 65-0675004 A. FET Number 58-75 Accombonal processor 7- Name and Address of New Preparated Agent WILLIAMS, ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 5190 A. FET N. ROBERT Y 5190 A. FET N. ROBERT Y 6191 BRIDLEWOOD CT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6190 A. FET N. ROBERT Y 6191 BRIDLEWOOD COURT 6190 A. FET N. ROBERT Y 6190 A. FET N. ROBERT	2. Principal Place of Business 3.	3. Mailing Address						
Second S	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262004 Chg	3-NP CR2EC	37 (10/03)		
S. Certificate of Status Desired 2 Fee Programmed 2 Fee Programm	City & State	City & State			·	— — —		
WILLIAMS, ROBERT Y 6191 BRIDLEWOOD CT BOCA RATON, FL 33433 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Advisor by May 1, 2004 FIling Fee in \$61.25 Due by May 1, 2004 9. Election Campaign Francing Addition Name SIRENAROUSS 11. ADDITIONS/CHANGES TO CHICLES NI D FRANK, GEORGE SIRENAROUSS CITY ST. 29 BOYNTON BEACH, FL 33437 TILL DS LINGEN, CHARLES BOYNTON BEACH, FL 33437 TILL DS LINGEN, CHARLES LINGEN, CHARLES LINGEN, CHARLES LINGEN, CHARLES LINGEN, CHARLES BOYNTON BEACH, FL 33437 TILL DS LINGEN, CHARLES	Zip Country	Zip	Country	5. Certificate of State	tus Desired 🛛			
STORM ACCRESS (P.C.) box Number is Not Acceptable) Stream Accress (P.C.) box Number is Not Acceptable) Stream Acceptable (P.C.) Stream Acceptable	6. Name and Address of Current Regi	stered Agent				Agent		
STORM ACCRESS (P.C.) box Number is Not Acceptable) Stream Accress (P.C.) box Number is Not Acceptable) Stream Acceptable (P.C.) Stream Acceptable	MINI IAME DODEDTY		Name / A	TOPCHIA A	LBERT			
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 Forda. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Above the control of the purpose of changing its registered office or registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Forda. In the State of Forda Department of State of Forda Department		Carl	Street Addre	ss (P.O. Box Number is N	ot Acceptable)		· · · ·	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signa	BOCA RATON, FL 33433		01.6	O ACRES A	2,00= 010	115		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signa			City N.E.	PAJ READI	I EI	Zip Code	9,6,7	
SIGNATURE CILLLARY Scribback in projectional agent and 18th 8 explicitions. ONTE: Registered Agent algebrate required when restricting). Filling Fee is \$81.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WARE FRANK, GEORGE 1111E	8. The above named entity submits this statement for the	purpose of changing its re-						
Filing Foe is \$61.25 Selection Campaign Financing S.S.00 May Be Added to Fees Make check payable to Florida Department of State	the obligations of registered agent.							
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DVP Debte TITLE DVP QChange Addition NAME STREET ADDRESS 12492 PLEASANT GREENWAY STREET ADDRESS 12492 PLEASANT GREENWAY STREET ADDRESS 12492 PLEASANT GREEN WAY STREET ADDRESS	SIGNATURE Albert Scatoring. Signature, typod or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.							
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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	TITLE NAME STREET ADDRESS TITLE DP NAME STREET ADDRESS TITLE DS NAME LINGEN, CHARLES 12492 PLEASANT GREENWAY BOYNTON BEACH, FL 33437 TITLE DS NAME LINGEN, CHARLES 12492 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437 TITLE DP NAME SCATORCHIA, ALBERT STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE DC NAME GAGLIANO, ROBERT STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 TITLE D NAME KACZPERSKI, ED STREET ADDRESS G791 BRIDGLEWOOD COURT BOCA RATON, FL 33433 TITLE NAME	Trust Fund Cor TORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE OVP CAGLIANO, CAGLIANO	Florida Depair STO OFFICERS AND DI ROBERT 23 ST IN FL 3: SELLIE D LEAF EACH FL ORGE CACH FL RUSSELL WAY	RECTORS IN	Addition Addition Addition Addition Addition	

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:	allert	- Vca	touch	hin
	CHOMA THERE AND	THE OWNER OF THE PERSON NAMED IN	MARKET OF COLUMN	

0 m 22, 2004 561-6393320 Date Deptime Phone #