
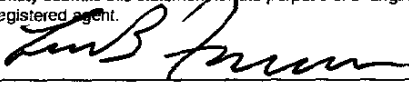



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90024 040 ****61.25

DOCUMENT # N99000003686 1. Entity Name FLORIDA RECEIVERS FORUM, INC.			
Principal Place of Business 2601 S BAYSHORE DRIVE 19 FLOOR MIAMI, FL 33133		Mailing Address 2601 S BAYSHORE DRIVE 19 FLOOR MIAMI, FL 33133	
2. Principal Place of Business 2675 S. Bayshore Dr Suite, Apt. #, etc.		3. Mailing Address 2675 S. Bayshore Dr. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33133		Country USA	
4. FEI Number 65-0938702		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 FREEMAN, LEWIS B 2601 S BAYSHORE DRIVE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2675 S. Bayshore Dr. City Miami FL 33133	
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 		DATE 1/7/04	
Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME FREEMAN, LEWIS B STREET ADDRESS 2601 S BAYSHORE DRIVE 19 FLOOR CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2675 S. Bayshore Dr. Miami, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARKOWITZ, JERRY M STREET ADDRESS 9130 S DADELAND BLVD SUITE 1225 CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REDMOND, PATRICIA A STREET ADDRESS 150 W FLAGLER STREET SUITE 2200 CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Date 1/7/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

24001011



01072004 Chg-NP CR2E037 (10/03)