2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2004 08:00 AM **DOCUMENT # P00000011435 Secretary of State** ARLENE S. LEFCOURT, P.A. Principal Place of Business Mailing Address 985 NORFOLK CT. 985 NORFOLK CT. LONGWOOD, FL 32750 LONGWOOD, FL 32750 02132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3618978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEFCOURT, ARLENE S DO NOT WRITE 985 NORFOLK CT. LONGWOOD, FL 32750 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 000000068474 П Trust Fund Contribution. Added to Fees D2/27/04-80042-015 150.00 10. OFFICERS AND DIRECTORS TITLE D LEFCOURT, ARLENE S NAME 985 NORFOLK CT. STREET ADDRESS CITY -ST-ZIP LONGWOOD, FL 32750 ₩E NAME STREET ADDRESS CITY-ST-ZIP HHE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-33P TITLE MAME STREET ADDRESS CRTY-ST-28P NAME

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 propriate required by Chapter 607, 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 pempowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNAD DIFFICER OR DIRECTOR

2/25/04

FILED

407-595-0039