2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P00000022 R. AUSTIN, P.A.	2/4			05-03-20	04 90713 040 ***:	150.00	
Principal Plac	e of Business	Mailing Address			a	4079461		
515 N. FLAGLER DR., SUITE 600 WEST PALM BEACH, FL 33401 515 N. FLAGLER DR., SUITE 600 WEST PALM BEACH, FL 33401				A Park	J	4010404		
2. Principal P	Place of Business W. Fedeval High	3. Mailing Address 2424ん	1 15da. 1	146				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	r regensi	04282004	Chg-P	CR2E034 (10/03)		
1e 46 Z City & Stat	e - / -	City State	<u> </u>	4. FEI Numb			pplied For	
Soc.	a Raton, tC	Boen Kar		65-098		No	l Applicable	
Zip Country USA		77 431	Country U.J.A	5. Certificate of Status Desired		□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			- Name-	7. Name and Address of New Registered Agent Name				
AUSTIN, SCOTT R								
515 N. FLAGLER DR., SUITE 600 WEST PALM BEACH, FL 33401			Street Address (P.O. Box Number is Not Acceptable)					
				City BOCA LATON FL Zip Code 73431				
	named entity submits his statement for tions of registered agent.	the purpose of changing its re-	gistered office or r	registered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE.	Jest 1	Aug C					•	
	Signature, typed or afinted name of registered agent an	nd title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)		DATE	k .*	
1	G-1916 , Z -1							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees		i griti i i ja sa Milia i Milia i i maali i maalii ii	* \$ 1	
	ay 1, 2004 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contribution		Added to Fees	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
After Ma	ay 1, 2004 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contribution	11.	Added to Fees ADDITIONS		and.		
10. THLE NAME STREET ADDRESS	OFFICERS AND D AUSTIN, SCOTT R 515 N. FLAGLER DR., SUITE 600	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS PUSTIN, I CON HEY N. FE	TK. BENAL	HC/W, STE		
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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 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 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 empowered.

SIGNATURE:

SUMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #