2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000023745

1. Entity Name

LAW OFFICE OF STEVEN A. ZIPPER, P.A.



Principal Place of Business

Mailing Address

5300 N.W. 33RD AVE STE 203 FORT LAUDERDALE, FL 33309 5300 N.W. 33RD AVE STE 203 FORT LAUDERDALE, FL 33309

FILED Jun 04, 2004 08:00 AM Secretary of State



05052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0987083

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIPPER, STEVEN A 5300 N.W. 33RD AVE STE 203 FORT LAUDERDALE, FL 33309

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	named entity submits this statement for the poons of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature typed or printed name of registered agent and title	If applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D ZIPPER, STEVEN A 5300 N.W. 33RD AVE STE 203 FORT LAUDERDALE, FL 33309				UOCNOO162147 OS/O4/O4-80003-011 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ı	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED THATE OF SIGNING OF MCER OR DIRECTOR

Jan 3 Jan 964-226-46