2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90385 027 ***150.00

1. Entity Nam	MENT # P00000099:	573							
Principal Place of Business 300 BAYDRIVES BRACENTON BEACH, FL 34217		Mailing Address 300 BAYDRVES BRADENTONBEACH, FL 34217			ř	44029	824	• **-	
2. Principal Place of Business 11 5 7HIRO STRUET SoutH Suite, Apt. #, etc. City & State		3. Mailing Address //S THIRD STREET SOUTH Suite, Apt. #, etc. City & State		O40	072004	Chg-P	15 MAILE 181	34 (10/03)	plied For
	Ountry BEACH, FL	BRADENTON (BEACH FO Country WSA	5. (6042 of Status Desired Address of New R		\$8.75 Addi	t Applicable
300 BAY I BRADENT	ON BEACH, FL 34217		Street A	TIEL BA ddress (P.O. B THIR DENTON	UM, Box Number D S	DAVID I IS NOT Acceptable TREET S	outh FL	Zip Code	2/7
By 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 Signature, typod or printed prine of highest energy of the liapplicable. (New Energistered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. TITLE NAME STREET ADDRESS CRTY-ST-ZIP	OFFICERS AND D PT DAVID, TEITELBAUM 300 BAY DRIVE SOUTH BRADENTON BEACH, FL 34217	IRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TEITE 115 TI	LBAU	HANGES TO OFF	D F Sow	S Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PENELOPE, NAYLOR 75 TIDY ISLAND BLVD BRADENTON, FL 34210	☐ Delète	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT		ENELOPE SLAND B U FL 3		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-Z!P		☐ Dejete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ 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 acculate and that any 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 or an attachmen with an address, with all other like empowered. SIGNATURE:									
SIGNAT	URE:		//		1-8-1	v 7 (141-7	178-0	156