## 6 6 6 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 29, 2004 8:00 am Secretary of State 04-16-2004 90114 047 \*\*\*150.00

1. Entity Nam	MENT # P0100002935	6			04-16-2	2004 90114 04	7 ***150.00	
Principal Place 3850 SE DIX STUART, FL	GE HWY.	lailing Address 8850 SE DIXIE HWY. STUART, FL 34997	-			101 AOI & 1741 A	∴ 38 để(1881 N 1981)	
DO NOT WRITE IN THIS SPACE  8. Name and Address of Current Registered Agent				03162004 No Chg-P				
LIPSCHUTZ, SUSAN F. 3850 SE DIXIE HWY. STUART, FL 34997  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  Option of registered agent and accept the obligations of registered agent and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Option of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Option of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Option of registered agent agent agent and accept the obligations of registered agent agen							with, and accept	
After M	E NOWIII FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	STUART, FL 34996 CEO LIPSHUTZ, JAMES N 53 S RIVER RD STUART, FL 34996  Certify that the information supplied with this	filing does not qualify for the ex	emption stated in S	ection 119.07(3)(i)	a. Florida Statutes	PACE	the information	
12. I hereby certify that the information supplied with this filling 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 eath; 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:  SIGNATURE:								