

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 045 ***150.00

DOCUMENT # P01000064823

1. Entity Name
DICKER, KRIVOK & STOLOFF, P.A.



Principal Place of Business
**1818 AUSTRALIAN AVE SOUTH STE 400
WEST PALM BEACH, FL 33409**

Mailing Address
**1818 AUSTRALIAN AVE SOUTH STE 400
WEST PALM BEACH, FL 33409**

44047000



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1119158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DICKER, EDWARD
1818 AUSTRALIAN AVE SOUTH STE 400
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DICKER, EDWARD A
1818 AUSTRALIAN AVENUE SOUTH #400
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KRIVOK, JAMES N
1818 AUSTRALIAN AVENUE SOUTH #400
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
STOLOFF, SCOTT A
1818 AUSTRALIAN AVENUE SOUTH #400
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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. **SEE ATTACHED EXHIBIT "A"**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

Daytime Phone #

(561) 615-0123
77277

Attachment

#P01000064823

EXHIBIT "A"

44047006

I FURTHER CERTIFY that the Corporation did not receive a 2004 Annual Report Form prior to receipt of a Notice of Intent To Dissolve on 07/01/2004 and request waiver of \$400.00 penalty.



JAMES N. KRIVOK

For the Firm