

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

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



01032005

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

DO NOT WRITE IN THIS SPACE

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
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CITY-ST-ZIP

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IN THIS SPACE

100000177100
01/11/05-80023-013 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/05 561-615-0123