

FOR PROFIT CORPORATION ANNUAL REPORT

8/23/04

FILED
Sep 14, 2004 8:00 am
Secretary of State

08-23-2004 90026 021 ***150.00

MENT # P01000074534

ATIONAL INC.



08162004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1134782** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, LORI J
440 HENDRICKS AVE
FORT LAUDERDALE, FL 33301

~~PO Box 824008~~
~~Pembroke Pines FL~~
~~33082~~

Name Lori Scott
Street Address (P.O. Box Number is Not Acceptable) 2557 Camelot Ct
Cooper City FL
City FL Zip Code 33328

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 Lori J. Scott (President) DATE 8/15/04

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	SCOTT, LORI J	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		17453 S.W. 19TH STREET	
CITY-ST-ZIP		PEMBROKE PINES, FL 33029	
TITLE	V	COWEN, LISA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		17453 SW 19 STREET	
CITY-ST-ZIP		PEMBROKE PINES, FL 33029	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: L. Scott DATE 8/15/04 (954) 557-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone