2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P0100007637	0 			Secre	uny or c	race
		01	 	ENER RUEN ENERH BERRY BENER	RO UR O T LIFE CLUB E SAFE L UT	CL BBCKBSI II (BBC)	
D	OO NOT WRITE II	CE	01192004 4. FEI Number 02-0614	No Chg-P	CR2E034 (10/0	Applied For Not Applicable Additional	
	6. Name and Address of Current Regis	tered Agent					
GLICKMAN, GARRY M 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the	ourpose of changing its register	ed office or register	red agent, or both	, in the State of Flo	ida. I am familiar w	ith, and accept
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature required	d when reinstating)		DATE	·
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS	. · -·—				
NAME STREET ADDRESS CITY-ST-ZIP	GLICKMAN, GARRY M 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBROTHER, ROBERT 3501 SW 46TH AVE. FORT LAUDERDALE, FL 33314				91. 23/04 -	012159 80067-016	150.no
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBROTHER, BRET 3501 SW 46TH AVE. FORT LAUDERDALE, FL 33314				NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP 	ACE	
THE NAME STREET ADDRESS			:				
CITY ST-ZIP TITLE NAME							

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 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 attaching muth an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-478-1111 Daytime Phone *