

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90019 029 ***150.00

DOCUMENT # P01000106496

1. Entity Name
FLORENCE WOLFSON FAMILY CORP.



Principal Place of Business
7580 REGENCY LAKE DRIVE, #E-602
BOCA RATON, FL 33433-6971

Mailing Address
7580 REGENCY LAKE DRIVE, #E-602
BOCA RATON, FL 33433-6971

44023722



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-3685116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFSON, FLORENCE F
7580 REGENCY LAKE DRIVE, #E-602
BOCA RATON, FL 33433-6971

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
D
WOLFSON, FLORENCE F
7580 REGENCY LAKE DRIVE, #E-602
BOCA RATON, FL 334336971

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WOLFSON, GERALD R
11 MT. VERNON COURT
LIVINGSTON, NY 07039

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ARMEL, MARILYN W
180 E. 79TH STREET, APT. 6A
NEW YORK, NY 10021

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.

SIGNATURE:

Florence Wolfson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/23/04 161 391-2090