2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 22, 2004 8:00 am Secretary of State 07-22-2004 90006 044 ***150.00

				_	07.00.0004	000000011188	*1.50.00	
 Entity Nam 	MENT # P020000476	528			07-22-2004	90006 044 **	*150.00	
Principal Plac	e of Business	Mailing Address		7				
13771 LEBATEAU LANE 13771 LEBATEAU LANE		-	44049357					
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DO NOT WRITE IN THIS SPA			LE.	4. FEI Numb			Applied For Not Applicable	
				<u> </u>		\$8.75	Additional	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Was made State of the Control of the State o	3	5. Certificate	of Status Desired	Fee Requ		
	6. Name and Address of Current Re	egistered Agent			The second second			
KORN, RO	DBERT		DΩ	NOT W	Dire			
13771 LEE	BATEAU LANE		שש	IAM IS. AM	niic,			
PALM BCH GARDENS, FL 33410			7	IN:	THIS SP	ACF .		
	named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar w	ith, and accept	
the obligat	ions of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required				d when reinstating)	d when reinstating) DATE			
·	Signature, types of printed harries registered agent and	Title (1 applicable) (110 ft., negistere	so Agent signature required	- WHETT TENTAL BINDY				
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finar Trust Fund Contribution.			y Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		b), F.S., the or notice.	
10.	OFFICERS AND D	IRECTORS	the series were true	The Marie A	100 Marie 25 10	चित्र सुर कु	** *** ***	
TITLE	P			1,12		æ		
NAME STREET ADDRESS	KORN, ROBERT 13771 LEBATRAU LN							
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334	ł10			• .	ر. د م		
TITLE		<u></u>						
NAME		•						
STREET ADDRESS CHY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS				ำกด	NOT W	RITE		
CITY-ST-ZIP					THE THEFT MANY OF THE STATE OF	James Barrer	ي. قراعة المناسب ويامة	
TITLE		Bernation . The second		IN	THIS SP	ACE		

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 supply mental report is the 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 truster emargement 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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7

Daytime Phone #

P020000 47628

THE KORN FAMILY CORPORATION 13771 LEBATEAU LANE PALM BEACH GARDENS, FL 33410

July 15, 2004

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: The Korn Family Corporation

To Whom It May Concern:

Please be advised that neither my accountant nor I received the original 2004 UBR form for filing by the May 1st deadline.

In that regard, I respectfully request that the \$400 penalty be waived and you accept the enclosed check for \$150.00 as payment of the filing fee for our 2004 UBR.

Thank you for your consideration.

Sincerely

Robert Korn Registered Agent