

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060466
 1. Entity Name
 NORTH 10 CAPITAL ASSOCIATES, INC.



Principal Place of Business: 1601 BELVEDERE ROAD, SUITE 407S, WEST PALM BEACH, FL 33406
 Mailing Address: 1601 BELVEDERE ROAD, SUITE 407S, WEST PALM BEACH, FL 33406

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01232004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 02-0614897 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAPES, PAUL
 1601 BELVEDERE ROAD
 SUITE 407S
 WEST PALM BEACH, FL 33406

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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

100000105907
 04/07/04-80844-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, ARTHUR 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, ASARCH GAIL 1601 BELVEDERE ROAD WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Evelyn Szeffansky* **2/16/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EVELYN SZEFFANSKY GAIL ASARCH