2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103183

S.A. O'CONNOR & ASSOCIATES, INC.



FILED Mar 12, 2004 08:00 AM **Secretary of State**

Principal Place of Business

8388 N.W. 70TH STREET MIAMI, FL 33166

Mailing Address

8388 N.W. 70TH STREET MIAMI, FL 33166

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No Chg-P 01072004

CR2E034 (10/03)

4. FE! Number 03-0427938 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, SCOTT A 8388 N.W. 70TH STREET MIAMI, FL 33166

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| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registe | ered office or re | egistered agent, or bo | oth, in the State of Flor | ida. I am familiar with, and | accept |
|--|--|---|----------------------|--------------------------------|---------------------------|------------------------------|--------|
| SIGNATURE | | | | | <u> </u> | | |
| | Signature, typed or printed name of registered agent and title | d applicable. (NOTE Registe | ered Agent signature | required when reinstating) | | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Fin Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| 16. | OFFICERS AND DIREC | CTORS | | | | | |
| BILE NAME STREET ADDRESS CITY-ST-IP | P O'CONNOR, SCOTT A 8388 NW 70TH ST MIAMI, FL 33166 | | | | | | _ |
| TITLE NAME STREET ADDRESS | VP O'CONNOR, MARYBETH 8388 NW 70TH ST | | | | U00000088 | 3865 3092015 150 00 | |

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: _

CITY-ST-ZIP

CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS

TITLE

MAME STREET ADDRESS MIAMI, FL 33166

SCOTT A. O'CONDOR