


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90207 041 \*\*\*150.00

<b>DOCUMENT # P02000119585</b> 1. Entity Name <b>FLORIDA HOT TUB COVERS, INC.</b>					
Principal Place of Business <b>5100 N. FEDERAL HWY., SUITE 409 FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>5100 N. FEDERAL HWY., SUITE 409 FT. LAUDERDALE, FL 33308</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 5100 N. FEDERAL HWY., SUITE 409 FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent  Name <b>LEGEL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 W. CYPRESS CREEK RD. SUITE 470</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>	
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 <u><i>Larry Legel</i></u> <b>LARRY LEGEL</b> DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IBA, FREDERICK A PO BOX 1591 POMPANO BEACH, FL 33061</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P.T.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IBA, FREDERICK A 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Fred Iba</i></u> <b>FRED IBA</b>			DATE: <u>4/30/04</u> DAYTIME PHONE: <u>954 4938900</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					