## 2004 FOR PROFIT CORPORATION

## Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000128218 04-30-2004 90387 028 \*\*\*150.00 RICHARD B. MARKS, P.A. Principal Place of Business Mailing Address 3505 OAKS WAY 3505 OAKS WAY **SUITE 112 SUITE 112** POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0898438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHONEY, ROBERT F DO NOT WRITE 7777 GLADES ROAD **SUITE 209** IN THIS SPACE BOCA RATON, FL 33434 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MARKS, RICHARD B STREET ADDRESS 3505 OAKS WAY SUITE 112 CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 riy 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 12. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate

SIGNATURE

Daytime Phone #

**FILED**