2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2004 90006 015 ***150.00

ANNOAL ILLI OILI								P03000	0087774	
DOCUI 1. Entity Name LOXCRE	e	# P03000087	774				FILED RETARY OF S ON OF CORPO MAR /7 AM	STATE RATIO		
Principal Place of Business Malling Address							UNIVER HOL	0.00		
8543 W. BOYNTON BEACH BLVD. 8543 W. BOYNTON BEAC					m		•			
SUITE 201	IAI OIA DEVO	I DLVO,	SUITE 201						54015	3815
BOYNTON BE	ACH. FL 33	437	BOYNTON BEACH, FL 33437							
							 			
2. Principal Pl	lace of Busine	ess	3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202004	Chg-P	CR2E0	34 (10/03)	MR
City & State			City & State			4. FEI Numb	486504			oplied For ot Applicable
Zip	Zip Country		Zip Cou		ıtry	5. Certificate of Status Desired			\$8.75 Additional	
						1			Fee Require	d
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	gistered /	gent	
					Neme		- -			
OWENS, DAVID 8543 W. BOYNTON BEACH BLVD.					Street Address	(P.O. Box Numb	er is Not Acceptable			
SUITE 201		BEACH BLVD.	Other vories			(, ,o, box (,o, ,)	or in the theory in the			
BOYNTON BEACH, FL 33437]
BOTHTON BEACH, FE 33437			,		031				T 20.00	
					City			FL	Zip Cod	9
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_	Signature, typed o	or printed name of registered agent a	and title if applicable. (NOT	E: Recistere	id Agent signature require	(onderzener nedw be	* * *	DATE	77.5	11.40
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whan rainstating) OATE OATE										à.
5 FILE NOWITH FEE IS \$150.00 9. Election Campaign F After May 1, 2004 Fee will be \$550.00 Trust Fund Contribut						5.00 May Be ded to Fees	-			···
10.		OFFICERS AND (DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP BOYNTON BEACH, FL 33437					/-ST-ZIP					
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CITY-ST-ZIP	<u> </u>			CITY	r-st-zip					
12. I hereby o	certify that the	information supplied with	this filing does not qualify to	x the exe	emption stated in S	Section 119.07(3)	(i), Florida Statutes. I	lurther cer	tify that the i	nformation
indicated of the cor.	on inis repor poration or th	i or supplemental report is e receiver or trustee emed	this filing does not qualify for true and accurate and that wered to execute this repor	my signa Las requ	iture snall have the ired by Chapter 60	s same legal effe 07, Florida Statut	ci as it made under c es; and that my name	am; mal i a appears i	am an officer n Block 10 o	r or airector r Block 11 if
changed,	or on an atta	chment with an address, v	vitry all other like empowered	٠.			,		•	
SIGNATURE:										
SKINATURE (NO TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR Date Caytime Phone #										
										