

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004, 08:00 AM
Secretary of State

DOCUMENT # P92000015038

1. Entity Name
W-THIRD AVENUE, INC.



Principal Place of Business
401 E LAS OLAS BLVD 2200
FT. LAUDERDALE, FL 33301 US

Mailing Address
401 E LAS OLAS BLVD 2200
FT. LAUDERDALE, FL 33301 US



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0382827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HORVITZ, DAVID
401 E LAS OLAS BLVD 2200
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

U000000104845
04/06/04-80027-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HORVITZ, DAVID W
STREET ADDRESS	401 E LAS OLAS BLVD 2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	V
NAME	BURTON, MELVIN F
STREET ADDRESS	401 E. LAS OLAS BLVD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	DVS
NAME	ROTH, LINDA H
STREET ADDRESS	401 E LAS OLAS BLVD 2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	T
NAME	PUCK, ROBERT J
STREET ADDRESS	401 E LAS OLAS BLVD 2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	AS
NAME	BAKER, VIRGINIA J
STREET ADDRESS	401 E LAS OLAS BLVD 2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID W. HORVITZ 4/23/04