


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000019974</b>	
1. Entity Name <b>STX CORP.</b>	

Principal Place of Business <b>1551 FORUM PLACE SUITE 100 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>1551 FORUM PLACE SUITE 100 WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0398707</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BROCK, PETER 1551 FORUM PLACE SUITE 100 WEST PALM BEACH, FL 33401</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITALETTA, ROBERT 343 SOUTH RIVER STREET HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, ANDREW 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPITALETTA, EDWARD 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPITALETTA, RICHARD 343 SOUTH RIVER STREET HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000101558  
04/02/04-80018-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>Peter Brock</b>	<b>3/30/04</b>	<b>561 684 1040</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>