

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 002 ***150.00

DOCUMENT # P93000044602

1. Entity Name
 NYMAN, INC.



Principal Place of Business *1133 S. University Dr.* Mailing Address *1133 S. University Dr.*
 200 EAST LAS OLAS BLVD. *Suite 212* 200 EAST LAS OLAS BLVD. *Suite 212*
 SUITE 1480 *Plantation Fl* SUITE 1480 *Plantation Fl 33324*
 FORT LAUDERDALE, FL 33301 US *33324* FORT LAUDERDALE, FL 33301 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0419701** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORT, MAN *NYMAN*
 200 EAST LAS OLAS BLVD *1133 S. UNIVERSITY DR*
 FORT LAUDERDALE, FL 33301 *SUITE 212*
PLANTATION FL 33324

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME NYMAN, MORTON *1133 S. UNIVERSITY DR*
 STREET ADDRESS *200 EAST LAS OLAS BLVD., STE. 1480 SUITE 212*
 CITY-ST-ZIP *FORT LAUDERDALE, FL 33301 PLANTATION FL 33324*

TITLE VD
 NAME NYMAN, MICHAEL *1133 S. UNIVERSITY DR*
 STREET ADDRESS *200 EAST LAS OLAS BLVD., STE. 1480 SUITE 212*
 CITY-ST-ZIP *FORT LAUDERDALE, FL 33301 PLANTATION FL 33324*

TITLE VSTD
 NAME FELKOWITZ, STEVEN A
 STREET ADDRESS 501 S ANDREWS AVE
 CITY-ST-ZIP FT LAUDERDALE, FL 33301 *DELETE*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

3/23/04