## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P93000088655 1. Entity Name 04-07-2004 90337 008 \*\*\*150.00 FAMILY INVESTMENTS, INC. Principal Place of Business Mailing Address 1300 NORTH FEDERAL HIGHWAY 1300 NORTH FEDERAL HIGHWAY -~~~~~ SUITE 110 SUITE 110 BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 52-1857731 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIKOLAS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1300 NORTH FEDERAL HIGHWAY SUITE 110 **BOCA RATON FL 33432** Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE TITLE Delete Change ☐ Addition NAME NIKOLAS, MICHAEL L NAME STREET ADDRESS 1300 NORTH FEDERAL HWY., #110 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NELSON, GARRY A NAME NAME 109 Brilliant Ave. 414 BRILLIANT AVE. STREET ADDRESS STREET ADDRESS Pittsburgh, PA. 15215 PITTSBURGH PA 15215 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like emposy SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF