


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000047681</b> 1. Entity Name <b>SCZK REALTY CORPORATION</b>	
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Principal Place of Business <b>54 SW BOCA RATON BLVD BOCA RATON, FL 33432 US</b>	Mailing Address <b>54 SW BOCA RATON BLVD BOCA RATON, FL 33432 US</b>
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01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0505364</b>	Applied For 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**

**COHEN, EDWARD B  
54 SW BOCA RATON BLVD  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

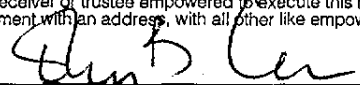
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COHEN, EDWARD B 54 SW BOCA RATON BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHWARTZ, ALLAN H 54 SW BOCA RATON BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ZAKARIN, RONALD M 54 SW BOCA RATON BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KOTLER, MICHAEL I 54 SW BOCA RATON BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/25/05-80027-018 150.00

**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:  PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 (501) 361-9600  
Date Daytime Phone #