


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000068716

1. Entity Name
LONDON WITTE & COMPANY, P.A.



Principal Place of Business 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306	Mailing Address 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0524791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**HIRSCHBERG, EDWARD P
 3101 N FEDERAL HWY
 SUITE 700
 FT LAUDERDALE, FL 33306**

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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 _____

**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

U00000131053
 04/26/04-80141-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCHBERG, EDWARD CPA 3101 N FEDERAL HWY FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCK, JOHN CPA 3101 N FEDERAL HWY FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, MARTIN CPA 3101 N FEDERAL HWY FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: *Edward P. Hirschberg* 4/26/04 954-526-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #