2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2004 08:00 AM Secretary of State **DOCUMENT # P94000088754** 117 SOUTH DIXIE HIGHWAY, INC. Principal Place of Business Mailing Address 117 SO. DIXIE HIGHWAY 117 SO. DIXIE HIGHWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 02182004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0544691 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent YOUNG, RONALD E DO NOT WRITE 1860 FOREST HILL BLVD. STE. 105 WEST PALM BEACH, FL 33406 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ZMISTOWSKI, JOEL 117 SO. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 Đ LEBLANC, DENIS NAME U000000069909 STREET ADDRESS 117 SO. DIXIE HIGHWAY 03/01/04-80026-023 150.00 LAKE WORTH, FL 33460 CITY-ST-7IF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7777F NAME

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 or phemental 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 comporation or the received or trustee employered 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 attaghner; with an address, with allfolly filke empowered

SIGNATURE:

STREET ADDRESS.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/2004

561-582-8400

Daytime Phone #

FILED