

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90016 034 \*\*\*150.00

**94018617**



02022004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0567900** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P95000009089**  
1. Entity Name  
**SUNSEEKER USA, INC.**



Principal Place of Business  
**200 EAST LAS OLAS BLVD.  
STE 1900  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**200 EAST LAS OLAS BLVD.  
STE 1900  
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business  
**2001 SW 20th Street**

3. Mailing Address  
Suite, Apt. #, etc.  
**Bldg. B, Bays 105 & 106**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33315**

Country  
**USA**

Zip  
**33315**

Country  
**USA**

**6. Name and Address of Current Registered Agent**

**BRINKLEY, W. MICHAEL  
200 EAST LAS OLAS BLVD.  
STE 1900  
FT. LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIBB, MARY 200 E LAS OLAS BLVD, STE 1800 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFDS FACKRELL, ROBERT W 200 E LAS OLAS BLVD STE 1900 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHARD, MARK 2001 SW 20TH ST., SUITE 106B FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDR BRAITHWAITE, ROBERT 200 E LAS OLAS BLVD STE 1800 FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Las Olas Blvd., Suite 1900 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Las Olas Blvd., Suite 1900 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** MARK HATCHARD **MARK HATCHARD** **PRESIDENT** **2/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #