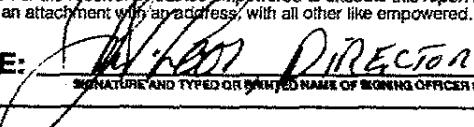


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000029251		
1. Entity Name SR 84, INC.		
Principal Place of Business 618 SW 3RD AVENUE FORT LAUDERDALE, FL 33315		Mailing Address P.O. BOX 399 FORT LAUDERDALE, FL 33302
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0608739		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOOS, JOHN T 900 SE 3 AVE, #200 FORT LAUDERDALE, FL 33316		
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 <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when renewing) DATE H00000151861		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 05/04/04-80031-018 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOS, JOHN T 900 SE 3RD AVE, #200 FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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)(b), 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 807, 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:  DIRECTOR 4/27/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone #		