

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000081544

1. Entity Name
NATHANSON FAMILY CORPORATION



Principal Place of Business
**17058 WHITEHAVEN DRIVE
BOCA RATON, FL 33469**

Mailing Address
**17058 WHITEHAVEN DRIVE
BOCA RATON, FL 33469**

DO NOT WRITE IN THIS SPACE



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0662295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATHANSON, M.P.
17058 WHITEHAVEN DRIVE
BOCA RATON, FL 33496**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000171167
08/30/04-80007-009 550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NATHANSON, MONTE P
17058 WHITEHAVEN DRIVE
BOCA RATON, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GREENSPOON, WARREN
5804 WINDSOR COURT
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

July 26/04 561-306-1131
Date Daytime Phone #