

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90028 001 ***150.00

DOCUMENT # P95000096028

1. Entity Name
1350 SOUTH OCEAN BOULEVARD, INC.



Principal Place of Business
1350 S OCEAN BLVD
POMPANO BEACH, FL 33062

Mailing Address
1700 E LAS OLAS BLVD
PH-1
FT LAUDERDALE, FL 33301

94058000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

* City & State

City & State

4. FEI Number

65-0644687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKE, DAVIS W JR
1700 E LAS OLAS BLVD PH-1
FT LAUDERDALE, FL 33301

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COOPER, MARY
STREET ADDRESS 2541 N KENYONVILLE RD
CITY-ST-ZIP ALBION, NY 14411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME ABAMS, DE KALSTIE
STREET ADDRESS 423 E ST
CITY-ST-ZIP DAVIS, CA 95616

TITLE ☒ Change ☐ Addition
NAME UPD Adams, De KRISTIE
STREET ADDRESS 423 E STREET
CITY-ST-ZIP DAVIS, CA 95616

TITLE STD ☐ Delete
NAME ADAMS, MINDEE
STREET ADDRESS 423 E ST
CITY-ST-ZIP DAVIS, CA 95616

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mary Cooper* MARY COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 761-7200

Date

Daytime Phone #