


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90034 025 ***150.00

DOCUMENT # P96000033396

1. Entity Name
 270 SOUTH COUNTY ROAD CORP.



Principal Place of Business
 250 WORTH AVE
 PALM BEACH, FL 33480

Mailing Address
 250 WORTH AVE
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0671953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
 250 WORTH AVE
 PALM BEACH, FL 33480

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	HANDELSMAN, STEVE
STREET ADDRESS	18 HOTEL DR.
CITY-ST-ZIP	WHITE PLAINS, NY
TITLE	VP
NAME	STOCKER, MARSHA
STREET ADDRESS	5 LOVE LANE
CITY-ST-ZIP	HARRISON, NY
TITLE	AS
NAME	HANDELSMAN, BURTON
STREET ADDRESS	250 WORTH AVE
CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	AS
NAME	HANDLESMAN, LUCILLE
STREET ADDRESS	250 WORTH AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	AS
NAME	HANDLESMAN, SANDY
STREET ADDRESS	3 LOVE LANE
CITY-ST-ZIP	HARRISON, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **3/2/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #