

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000077364

1. Entity Name
CSF OF FT. LAUDERDALE, INC.



Principal Place of Business
2400 EAST COMMERCIAL BOULEVARD
SUITE 820
FORT LAUDERDALE, FL 33308

Mailing Address
2400 EAST COMMERCIAL BOULEVARD
SUITE 820
FORT LAUDERDALE, FL 33308



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0693716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINKEL, BARRY I ESQUIRE
2400 EAST COMMERCIAL BOULEVARD
SUITE 820
FORT LAUDERDALE, FL 33308

**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 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 D
NAME FINKEL, BARRY I
STREET ADDRESS 2400 EAST COMMERCIAL BOULEVARD, SUITE 820
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D
NAME CLARK, THOMAS M
STREET ADDRESS 2400 EAST COMMERCIAL BOULEVARD, SUITE 820
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D
NAME SCHOLNIK, LOUIS N
STREET ADDRESS 2400 EAST COMMERCIAL BOULEVARD, SUITE 820
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000054243
02/16/04-80164-003 150.00

**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)(f), 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

Date

Daytime Phone #

BARRY I FINKEL Pres. 2-13-04 954-761414