2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL REPORT (AR)						FILED				
DOCUMENT # P96000100353  1. Entity Name						Feb 04, 2004 08:00 AM Secretary of State					
ZAPPITE					Secreta	ary or	Jiaic				
Principal Plac	Mailing Address			-							
5355 TOWN CENTER ROAD SUITE 1105			5355 TOWN CENTER ROAD SUITE 1105								
BOCA RAT	BOCA RATON FL 334	CA RATON FL 33486			(\$79)	 		MATERIA (C. 1884)			
2. Principal Place of Business			3. Mailing Address			7					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)					
City & State			City & State			4. FE	Number 65-0712359			olied For Applicable	
Zip			Zip Count		ntry	<b>5.</b> Ce	rtificate of Status Desired		3.75 Addit e Required		
	6. Name and Address	s of Current Re	egistered Agent		7. Name and Address of New Registered Agent Name						
ZAPPITELL, DAVID J 5355 TOWN CENTER ROAD			Street Addr		Street Address (	(P.O. Box	Number is Not Acceptable	)		<u></u>	
SUITE 1105 BOCA RATON FL 33486											
			·		City			FL	Zip Code		
8. The above the obliga	e named entity submits this tions of registered agent.	statement for t	he purpose of changing its	register	ed office or register	red agen	t, or both, in the State of Flor	rida. I am fam	illiar with, a	ind accept	
SIGNATURE	Signature, typed or printed name of	registered agent and	tive if applicable, (NOT)	E Registere	ed Agent signature required	d when reins	tating)	DATE	<u>.</u>		
FILE NOW!!! FEE IS \$150.00											
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Contribution	~ —	Added t		
10.	~ · · · · · · · · · · · · · · · · · · ·	ICERS AND D	RECTORS	11.		ADDI	TIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	IN 11	
TITLE NAME	PTD Delete			TITL NAM					] Change	Addition Addition	
STREET ADDRESS	5355 TOWN CENTER F	<b>i</b>		EET ADDRESS							
CITY - ST - ZIP	BOCA RATON FL 33486  DVS				CITY-ST-ZIP				1 Change	☐ Addition	
NAME	KAPRAL, STEPHEN M	NAMI		- 1		U00000035775 □ <sup>Change</sup> □ Add 02/06/04-80031-020 150.00		Addition			
STREET ADDRESS CITY-ST-ZIP	5355 TOWN CENTER F BOCA RATON FL 3348			EET ADDRESS (-ST-ZIP		ati noi namonastanta 190°60					
TITLE NAME	☐ Delete				E	Char			] Change	Addition	
STREET ADDRESS			NAME STREI								
TITLE	☐ Delete				Y-ST-ZIP E				Change -	☐ Addition	
NAME STREET ADDRESS				NAM	IE EET ADDRESS				. •		
CITY-ST-ZIP					- ST- ZIP					·	
TITLE NAME			☐ Delete	TITL NAM	•				Change -	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS						
TITLE	-		☐ Delete	TITU	E				Change	Addition	
NAME STREET ADDRESS		/	, ,	MAM Irte	EET ADDRESS						
CITY-ST-ZIP	portify that the information	nunnlinel wife th	the filling along and a rate for		-ST-ZIP	antine dat	OCTOVA FILIT OF LA	South an a coast	M N		
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 fue 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.											
SIGNAT	URE:	_/////	DAVID	J. 7	EMPPINEIL PRE	<del>13</del> .	1-27.04	561-36	<u> 1 · 72</u>	(D)	
	SIGNATURE A	AND TYPES OF PRI	NTED NAME OF SIGNING OFFICER	OR DIREC	TOR 7		Date	Dayte	ne Phone #		