

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90010 028 \*\*\*150.00

**DOCUMENT # P97000055546**

1. Entity Name

TABS PLUS, INC.



Principal Place of Business

3300 N CONGRESS AVE  
SUITE 20  
BOYNTON BEACH FL 33426

Mailing Address

3300 N CONGRESS AVE  
SUITE 20  
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

*3300 South Congress Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0765663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEINMAN, ELAINE  
3300 SO CONGRES AVE  
BOYNTON BEACH FL 33446

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**

**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME SHEINMAN OSTROVE, ELAINE  
STREET ADDRESS 3952 LIVE OAK BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME 3952 - LIVE OAK BLVD.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Elaine Sheinman Ostrove* ELAINE SHEINMAN OSTROVE 561-733-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *May 17, 2004* Daytime Phone # *561-733-5733*



#P97000055546

May 13, 04

To Whom It May Concern -

When I received these past cards, I immediately called your office.

I did not have a form & requested that one be mailed to me.

Unfortunately I did not take the gentleman's name. I just received this form today (May 13-04) & called your office before today's mail & spoke to Patricia & she was going to send me another form. As you can see the address is not totally correct it is 3300 South Congress Ave #20 not North Congress Ave.

I am asking you not to penalize me for the late payment, as I did request a form to be sent to me earlier.

Sincerely,  
Elaine Ostrone  
Tabs Plus, Inc