## 2004 FOR PROFIT CORPORATION

## May 13, 2004 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P97000082906** 05-13-2004 90008 003 \*\*\*158.75 1. Entity Name TEAM-38, INC. Principal Place of Business Mailing Address 24075276 2391 OLD DIXIE HIGHWAY 2391 OLD DIXIE HIGHWAY RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address <u>13805 SU</u> <u>13205 5W CITUS Blvo</u> Suite. Apt. #, etc. Suite, Apt. #, etc. 03012003 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FFI Number 65-0785941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMON, ALAN RICHARD Street Address (P.O. Box Number is Not Acceptable) 3980 RCA BLVD., SUITE 8012 PALM BEACH GARDENS, FL 33410 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIDE ☐ Delete TITLE Change ☐ Addition NAME MOSLER, WARREN B NAME STREET ADDRESS 2391 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Channe ■ Addition NAME BECHTOLD, LEONARD A NAME STREET ADDRESS C/O 2391 OLD DIXIE HIGHWAY STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-78P VD TITLE ☐ Delete TITLE Addition MARMESH, TINA M NAME NAME STREET ADDRESS C/O 2391 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-78P me ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS City-ST-7IF CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED