ANNUAL REPORT

DOCUMENT # P98000010604

1. Entity Name 21ST STREET CORPORATION



Principal Place of Business

2399 S SHORE DRIVE PALM BEACH GARDENS, FL 33410 US Mailing Address

2399 S SHORE DRIVE

PALM BEACH GARDENS, FL 33410

FILED Apr 29, 2004 08:00 AM Secretary of State



04262004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0830440 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

The above the obligations	e named entity submits this statement for the patients of registered agent.	ourpose of changing its registered	d office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	_
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, C. RUSSELL 2399 S SHORE DRIVE PALM BEACH GARDENS, FL 33410					
TITLE NAME STREET ADDRESS CITY: ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	1		1.1.11 17	to the following was properly		Librariyatan

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 turther 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:

NAME STREET ADDRESS

SAMUATINE AND TYPED OF PROTEIN NAME OF SERVING OFF

4/26/ct Sil 805-3/21