


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 044 ***150.00

DOCUMENT # P98000063253

1. Entity Name
AM52SF, INC.



Principal Place of Business
**222 LAKEVIEW AVENUE
 STE 800
 WEST PALM BEACH, FL 33401 US**

Mailing Address
**222 LAKEVIEW AVENUE
 STE 800
 WEST PALM BEACH, FL 33401 US**

94006857



2. Principal Place of Business
**2300 CORPORATE BLVD. NW
 SUITE 238**

3. Mailing Address
**2300 CORPORATE BLVD. NW
 SUITE 238**

01272004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country
USA

Zip
33431

Country
USA

4. FEI Number
65-0853205

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BISHINS, LARRY V
 4549 N FEDERAL HWY
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHALLOWAY, K D 1201 BELVEDERE ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete UNRUH, HUGO 222 LAKEVIEW AVENUE, STE 800 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TEMPLE, JOHN 2300 CORPORATE BLVD NW STE 238 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SKENIAN, MICHAEL 10480 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROPES, JOHN 333 NORTH NEW RIVER DRIVE EAST, THIRD FL. FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORRISON, SCOTT R JR 243 NW 5TH AVENUE DELRAY BEACH, FL 33483

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **HUGO P. UNRUH** **01/27/04** **561-835-8505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #