

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 042 ***150.00

DOCUMENT # P99000022517

1. Entity Name
FIVE FLAGS CORPORATION



Principal Place of Business
**3435 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

Mailing Address
**C/O FRANZESE & BALIAN
136 BROADWAY
WOODCLIFF LAKE, NJ 07677**

44048239



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2452305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JALLO, CHAMOUN
32400 U.S. 19 S.
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

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 \$5.00
Due by September 8, 2004**

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
**P
JALLO, PAUL
9 OAK HILL DRIVE
JAMESBURG, NJ 08831**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JALO, GEORGE
4313 AUSTON WAY
PALM HARBOR, FL 34686**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JALO, MAROUN
5475 KARLSBURG PLACE
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04
Date

201-391-8888
Daytime Phone #



Attachment 44048239
FRANZESE & BALIAN
CERTIFIED PUBLIC ACCOUNTANTS

July 6, 2004

Division of Corporations
Uniform Business Report Filings
P. O. Box 1550
Tallahassee, FL 32302-1500

Re: Five Flags Corporation
Document # P99000022517
2004 Uniform Business Form

Dear Sir/Madam:

We are the accountants for the above-mentioned Florida taxpayer as well as for fifteen other Florida taxpayers.

We received sixteen "Notice of Intent to Dissolve" postcards for each of these clients but never received the 2004 Uniform Business Report renewal form.

After speaking to one of your agents today, we understand that you no longer mail out this form. We never received notice of this change.

Enclosed is a check for \$150.00 in payment of the annual fee. We request an abatement of the late payment penalty of \$400.00 since the delinquency was inadvertant.

Very truly yours,

Sol M Lopez
Ms. Sol M. Lopez
Franzese & Balian