## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 09, 2004 8:00 am **DOCUMENT # P99000030807 Secretary of State** 1. Entity Name 03-09-2004 90014 044 \*\*\*150.00 STEVEN G. SIGNATURE SERIES CORP. Principal Place of Business Mailing Address 2130 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE 2130 SUNTRUST INTERNATIONAL CENTER 94027157 ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address 1608 NW 23rd Ave 1608 NW CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0912577 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired ろろろ口 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COPROLITE CORPORATION 2130 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above name the obligations SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIBE DPT TITLE ☐ Delete ☐ Change Addition NAME **GUROWITZ, STEVEN** MARKE STREET ADDRESS 1608 N.W. 23RD AVENUE STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP TITI F DVS ☐ Delete TITLE Change ☐ Addition MARCUS, MADELYNNE NAME NAME STREET ADDRESS 20006 N.E. 36TH PLACE STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information s indicated on this report or supplement blies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port is tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director see empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver enlike empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**