


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000096211	
1. Entity Name TRIESTER FLORIDA HOLDINGS, INC.	

Principal Place of Business DIPLOMATIC TOWERS/MANAGEMENT OFFICE 101 SEABREEZE BLVD DAYTONA BEACH, FL 32118	Mailing Address 111 PRESIDENTIAL BLVD SUITE 230 BALA CYNWYD, PA 19004
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  TRIESTER, STANTON L DIPLOMATIC TOWERS/MANAGEMENT OFFICE 101 SEABREEZE BLVD DAYTONA BEACH, FL 32118	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____	DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD TRIESTER, STANTON L 101 SEABREEZE BLVD MGT OFFICE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD TRESTER, SONIA C 35 KINGS HWY EAST # 112 HADDONFIELD, NJ 08033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MAISTRO, VINCENT 35 KINGS HWY EAST # 112 HADDONFIELD, NJ 08033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD NORSWORTHY, JEAN 111 PRESIDENTIAL BLVD # 230 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS CARAPUCCI, DENISE 35 KINGS HWY EAST # 112 HADDONFIELD, NJ 08033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/28/04-80096-006 150.00

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: <i>Jean Norsworthy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JEAN NORSWORTHY</b>	Date: <i>1/13/04</i> (610) 667-5400 Daytime Phone #