

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90269 002 \*\*\*150.00

**DOCUMENT # P99000108519**

1. Entity Name

400 FLAGLER CENTER TOWER, INC.



Principal Place of Business

C/O SCHOLIN  
505 SOUTH FLAGLER DRIVE SUITE 400  
WEST PALM BEACH, FL 33401

Mailing Address

C/O SCHOLIN  
505 SOUTH FLAGLER DRIVE SUITE 400  
WEST PALM BEACH, FL 33401



03012004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0966197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHOLIN, CHRISTIAN N  
505 SOUTH FLAGLER DRIVE SUITE 400  
WEST PALM BEACH, FL 33401

**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 \$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 D  
NAME GEESEY, ALLEN R  
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D  
NAME OSTROW, ANDREW A  
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D  
NAME SCHOLIN, CHRISTIAN N  
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D  
NAME SUSNAR, LISA M  
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

CHRISTIAN N. SCHOLIN

Date

4/28/04

Daytime Phone #

561-655-7711