2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 05, 2004 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # S14167	
I. Entity Name	

Principal Place of Business Mailing Address

3301 S.W. 13TH DRIVE DEERFIELD BEACH, FL 33442 . 3301 S.W. 13TH DRIVE DEERFIELD BEACH, FL 33442



01272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0238123

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

954/480-6820

6. Name and Address of Current Registered Agent

WELBAUM, R. EARL 901 PONCE DE LEON BLVD. PENTHOUSE SUITE MIAMI, FL 33134-3009

SIGNATURE:

DO NOT WRITE IN THIS SPACE

MIAMI, FL	33134-3009	and the second		IN	HIS SPACE	
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and	accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			Agent signature	required when reinstating)	DATE	<u></u>
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing []	\$5.00 May Be Added to Fees	U00000077279 <u>03/05/04-8</u> 0036-014 158.7	5
10.	OFFICERS AND DIREC	TORS _				
TITLE NAME SIREET ADDRESS CITY - ST-ZIP	D CRAWFORD, RALPH E. 3301 S.W. 13TH DR. DEERFIELD BEACH, FL					
TITLE NAME STREET ADDRESS CRY - ST - ZIP	D BARBER, KATHLEEN A. 12302 N.W. 30TH MANOR SUNRISE, FL		DO NOT WRITE			
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D GOFFAR, DENNIS L. 1147 S.W. 149 LN SUNRISE, FL					
TUTLE NAME STREET ADDRESS CITY - ST - ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		-				
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
12. I hereby of indicated of the corrections of the	Lertify that the Information supplied with this fit on this report or supplemental report is true a poration or the receiver or frustee empowered or on an attachment with an address, with all	ing does not qualify for the exem not accurate and that my signatu- to execute this report as require other like empowered.	nption stated are shall have ed by Chapte	in Section 119.07(3)(the same legal effect or 607, Florida Statute	 Florida Statutes. I further certify that the inform that if made under oath; that I am an officer or dis s, and that my name appears in Block 10 or Blocks. 	ation rector .k 11 if

R.E. Crawford, Pres