. ' 2004 FOR PROFIT CORPORATION

FILED 08:00 AM e

ANNUAL REPORT				Apr 05, 2004 08:00		
1. Entity Name	MENT # S84557			Se	ecretary of State	
Principal Place 18360 S.W. 5 FORT LAUDER	S7TH ST	Mailing Address 18360 S.W. 57TH ST FORT LAUDERDALE, FL 33331				1187 (1187 1788) 8787 8781 1318 13
DO NOT WRITE IN THIS SPA			CE	04022004 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent HARRELL, JOHN W JR 18360 SOUTHWEST 57TH STREET FORT LAUDERDALE, FL 33331					NOT W THIS SP	
the obligati	named enlity submils this statement for the one of registered agent.	purpose of changing its registers	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titl	d Agent signature required	i when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	Hoosa	
10.	OFFICERS AND DIRE	CTORS	I			3102538 -80019-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	P HARRELL, JOHN W JR 18360 S.W. 57TH ST FORT LAUDERDALE, FL 33331		i		on baran	00010 015 100100
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY: ST-ZIP						

12. Thereby 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY ST ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR