

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579290
1. Corporation Name
SNAPPER CAY ACQUISITIONS, INC.

Principal Place of Business
5200 Blue Lagoon Drive
Suite 250
Miami, FL 33126

Mailing Address
5200 Blue Lagoon Drive
Suite 250
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/17/1978

4. FEI Number
59-1833165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6161 Blue Lagoon Drive

22 Suite, Apt. #, etc.
Suite 300

23 City & State
Miami, FL

24 Zip
33126

25 Country
USA

2a. Mailing Address

26 6161 Blue Lagoon Drive

27 Suite, Apt. #, etc.
Suite 300

28 City & State
Miami, FL

29 Zip
33126

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Fine, Jeffrey M.
5200 Blue Lagoon Drive
Suite 250
Miami, FL 33126

81 Name

82 Fine, Jeffrey M.

83 Street Address (P.O. Box Number is Not Acceptable)

6161 Blue Lagoon Drive

84 Suite 300

City
Miami

FL

85 Zip Code
33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Jeffrey M. Fine

(NOTE: Registered Agent signature required when reinstating)

2-25-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME Pinder, Jean
STREET ADDRESS 284 Costa Bravo Drive
CITY-ST-ZIP Islamorada, FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Jeffrey M. Fine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-98

DATE

(305) 664-4951

DAYTIME PHONE #

CR2E034 (10/97)