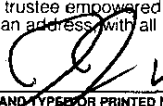


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90041 003 ***150.00

DOCUMENT # P02000072723					
1. Entity Name FLIPPERS II, INC.					
Principal Place of Business 7001 TAFT STREET HOLLYWOOD FL 33024			Mailing Address 7001 TAFT STREET HOLLYWOOD FL 33024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0092365	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOGERMAN, RICHARD M 150 SOUTH PINE ISLAND ROAD SUITE 130 PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MOGERMAN, IRWIN R	NAME			
STREET ADDRESS	7001 TAFT STREET	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP			
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BURRELL, ANN	NAME			
STREET ADDRESS	7001 TAFT STREET	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP			
TITLE	VSTD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CONDON, JEFF	NAME			
STREET ADDRESS	7001 TAFT STREET	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:  VP JEFFREY J CONDON 4/13/04 954-981-7701 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

04034943



MOORE CR2E034 (11/03)