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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000047467 (3)

SNOOK HOLE ASSOCIATES, INC.

Principal Place of Business Mailing Address
2523 MARSEILLES DRIVE 2523 MARSEILLES DRIVE

FILED Apr 24 1997 8:00am Secretary of State



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Subject Subj							Applied For	
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28 Country Zr. Country Zr. Country Zr. Country Zr. Country Zr. St. Country Zr. Country Zr. St. Country Zr. Zr. Country Zr.	22		27 401			5. Certificate of Status Desired		
Post	23		28 W. P. B.	FL				
BESSEN, ADAM L 900 NORTH FEDERAL HIGHWAY SUITE 380 BOCA RATON FL 33432 14 City FL 85 Zip Code 15. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Status, the collection cornergistered agent, or both, in the State of Florida Such change was authorized agent, and somition with, and except the obligations of, Section 607 0505. Piorida Status, the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and somition with, and except the obligations of, Section 607 0505. Piorida Status, the state of Florida Status, the s	7(p)	25	29 33401	30 Country	HUSA	Florida Statutes	Yes No	der s. 199.032,
BESTAND NORTH FEDERAL HIGHWAY SUTE 380 BOCA RATON FL 33432 42 City FL 85 Zip Code 43 City FL 85 Zip Code 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 City FL 85 Zip Code 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City Fl			rent Registered Agent			10. Name and Address of New Re	platered Agent	
SUITE 380 BOCA RATON FL 33432 4 City FL 85 Zip Code agent 1 am formidar with, and accept the children of Code and Both 1 and Both 1 am formida Subtract Agent 1 am formidar with, and accept the children of Code and Both 1 and 1				81	Name			
11. Pursuant to the providence of Sections 607 0502 and 607 1508, Florida Statutes the object of specific deport, or both in the State of Frorda Such change was authorized agent. Or both in the State of Frorda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Frorda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by t	sun	TE 380		1	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutas, the office or repostered agent, or both in the State of Borda. Such change was authorized agent, an inamiant with, and accept the obligations of, Section 607.0505. Fiorida Statutas by the corporation submits this statement for the purpose of changing list registered agent, or both in the State of Borda. Such change was authorized agent, an inamiant with, and accept the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of the policy of the obligations of, Section 607.0505. Fiorida Statutas by the corporation's board of directors. I hereby societ the obligations of the policy of	BOC	CA RATON FL 33432		83				
algent lamber or epistored agent, or both, in the State of Florida Such change was authorize agent lamber with, and accept the obligations of, Section 607,0505. Florida Size this. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. D. OFFICERS AND DIRECTORS 1.17 LE CHANGE SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. D. OFFICERS				84	City		FL 85	Zip Code
SIGNATURE	office or n	egistered agent, or both, in the St	ate of Florida. Such change was a	uthoriza by	the corporat	oration submits this statement for the pation's board of directors. I hereby acceptions	urpose of chang t the appointme	ing its registered nt as registered
NOTE	*	or territory with the records the ca	Migations of Cooling Corresponding	onda Ola ila	•			
THE	SIGNATURE	Signature typoid or purced name of registured	Lagent and little if applicable (NOTE	: Registeri Ape	nt signature requir	red when reinstating)	DATE	
NAME	12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
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NAME	C-TY-ST-70P	PALM BEACH GARDENS F	L 33410	1.4 C/TY-S	T- Z IP			
23 STREET ADDRESS 2 4 CITY - ST - ZIP	THILE	-	DELETE	2.1 TITLE	·	***************************************	☐ Chi	ange 🔲 Addition
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	NAME			6.2 NAME				
CHY-SI-7P	STREET ADDRESS			6.3 STREET	ADDRESS			
	CHY-ST-7IF			6.4 CITY-S	iT-ZIP			

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 820 9757

Daytime Phone