FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:38

DOCUMENT # P94000072662 (7)

1. Corporation Name

THE SNOOTY LEOPARD, INC.

Principal Place of Business: ~~PO BOX 2753 PALM BEACH FL 33480~~

Mailing Address: ~~PO BOX 2750 PALM BEACH FL 33480~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 234 SOUTH COUNTY RD.	26 234 SOUTH COUNTY RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BEACH FL	City & State 28 PALM BEACH, FL
Zip 24 33480 Country 25 USA	Zip 29 33480 Country 30 USA

4. FEI Number: 65-0530724 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: RICHARD ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable): c/o PENINSULA CORPORATION
83 211-213 Seaview Avenue
84 City: PALM BEACH FL 85 Zip Code: 33480

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: [signature] Richard Alexander — DATE: 3/29/95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	KEENAN, SUSAN G	12 NAME	Keenan, Susan G
STREET ADDRESS	~~% PO BOX 2750 N/A~~	13 STREET ADDRESS	211 Seaview Avenue
CITY-ST-ZIP	PALM BEACH FL 33480	14 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	KEENAN, JAMES F	22 NAME	Keenan, James F
STREET ADDRESS	~~% PO BOX 2750 N/A~~	23 STREET ADDRESS	211 Seaview Avenue
CITY-ST-ZIP	PALM BEACH FL 33480	24 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Susan G Keenan — 3/29/95 — 407-833-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474728 CP