


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P95000041629							
1. Corporation Name CORAL SPRINGS VENTURE II, INC.							
Principal Place of Business 3204 CORAL RIDGE DR CORAL SPRINGS FL 33065 US			Mailing Address P.O. BOX 8533 CORAL SPRINGS FL 33075 US				
DO NOT WRITE IN THIS SPACE							
3. Date Incorporated or Qualified 05/26/1995							
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29				
4. FEI Number 65-0598485			Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees				
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent SCOTT, RICHARD L 3204 CORAL RIDGE DR CORAL SPRINGS FL 33065			10. Name and Address of New Registered Agent 81 Name Angela J. Capwell 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 607.0501 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: <i>[Signature]</i> DATE:							
12. OFFICERS AND DIRECTORS 1.1 TITLE D <input checked="" type="checkbox"/> DELETE 1.2 NAME SCOTT, RICHARD L 1.3 STREET ADDRESS 3204 CORAL RIDGE DR 1.4 CITY-STATE-ZIP CORAL SPRINGS FL 33065 2.1 TITLE D <input type="checkbox"/> DELETE 2.2 NAME CAPWELL, ANGELA J 2.3 STREET ADDRESS 3204 CORAL RIDGE DR 2.4 CITY-STATE-ZIP CORAL SPRINGS FL 33065 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (754) 755-2466
 Daytime Phone

CR2E034 (11/98)