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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091821

1. Corporation Name

GREAT SNAKES II, INC.

Principal	Place o	of Business
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FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90226 030 ***150.00



Principal Place	of Business	Malling Add	ress									
7000 W. PALMETTO PARK ROAD STE 402 BOCA RATON FL 33433			7000 W. PALMETTO PARK ROAD STE 402 BOCA RATON FL 33433									
							ł	DO NOT WRI	TE IN THIS S	SPACE	:	
							3.	Date Incorporated or Qualifed				
)							}	12/04/1995				\
2 Principal Pl	lace of Business	2a. Mailing	Address				4.	FEI Number		$\neg \top$	App	lied For
·	lace of Business		, ladi occ					65-0663897		_	+ · · ·	Applicable
21		26 Cuito A	Apt. #, etc.				<u> </u>	03 0000001		¢ρ.		ditional
Suite, Apt.	#, etc.		ψι. и , ειс.				5.	Certifcate of Status Desired			e Rea	1
22		27			_		-				'	
City & State	e	City & \$	State				6.	Election Campaign Financing				lay Be
23		28						Trust Fund Contribution			ded to	Fees
Zip	Country Zip Cou			Country	/		8.	This corporation owes the curr				_/ \
24	25 29 30					Personal Property Tax.				Z∕No		
h1	9. Name and Address of Curr	ent Registered Ag	gent				10.	Name and Address of New I	Registered A	gent		[
				81	T	Vame		•				
GREI	enfield, steven b				ļ							
7000	W. PALMETTO PARK ROAD	STE 402		82	ः ६	Street Addres	ss (P	P.O. Box Number is Not Accept	able)			
	A RATON FL 33433			83	+			-				
500	A IMION IE 00-00			83	'							
	at			84	1	City			FI	85	Zip Ci	ode
			El :1 0:11					to this statement for the	numero of o		a ite r	enistered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such	change was auth	ionzed by	' tn∈	e corporation	's bo	pard of directors. I hereby acce	pt the appoin	tment	as regi	stered
SIGNATURE	Signature, typed or printed name of registered a	agest and title if applicable	· /NOTE: Pa	onetered Ane	ot sic	gnature required v	when n	reinstating\	DATE			
		AND DIRECTORS	. (1012.110	13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRE	CTOF	RS IN 12
12.	PTD . 3	HIND DIRECTORS	DELETE	1,1 TITLE	_			ADDITIONS/OFFANOES TO ST	TIQENO ANT	[] Cha		Addition
TITLE	110		DEECIL									
NAMÉ	MILLER; IAN			1.2 NAME								i
STREET ADDRESS	7000 W. PALMETTO PARK R	OAD SIE 402		1.3 STREE	TAD	DRESS						
CITY-ST-ZIP	BOCA RATON FL 33433			1.4 CITY- 9	T-ZI	IP						
TITLE	VP		☐ DELETE	2.1 TITLE		}				Cha	inge	Addition
NAME	Greenfield, Steven B			2.2 NAME								
STREET ADDRESS	7000 W PALMETTO PARK R	D #402		2.3 STREE	TAD	ORESS						
)	BOCA RATON FL	J # 10L		2.4 CITY-		\						l
CITY-ST-ZIP	BOCK HATOIT IL		☐ DELETE	3.1 TITLE	31-2	JF		· · · · · · · · · · · · · · · · · · ·		[] Cha	ange	Addition
TITLE						1					Ū	_
NAMÉ				3.2 NAME								ļ
STREET ADDRESS				3.3 STREE	TAD	DORESS						
CITY-ST-ZIP				3.4, CITY-	ST-Z	ZIP						
TITLE			□ DELETE	4.1 TITLE						[] Cha	ange	☐ Addition
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	TAD	DRESS						
1 1				4.4 CITY-S		l						
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	3112	<u>''</u>				[] Cha	ange	Addition
TITLE			_ DELETE	5.1 MILE						_	•	_
NAME												
STREET ADDRESS				5.3 STREE								
CITY-ST-ZIP				5.4 CITY-5	ST-Z	IP						
TITLE			☐ DELETE	6.1 TITLE						Cha	ange	☐ Addition
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	TAD	ODRESS						
SIREE AUUKESS					_	ı						

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR