

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90122 027 ***150.00

DOCUMENT # P96000049801

1. Entity Name
SEMINOLE PROPERTIES I, INC.



Principal Place of Business
**6300 STIRLING ROAD
HOLLYWOOD, FL 33024**

Mailing Address
**6300 STIRLING ROAD
HOLLYWOOD, FL 33024**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0713844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DORSKY, ERIC ESQ.
7320 GRIFFIN ROAD, SUITE 220
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME CYPRESS, MITCHELL
STREET ADDRESS 6300 STIRLING RD
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE V
NAME OSCEOLA, MOSES B
STREET ADDRESS 6300 STIRLING RD
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ST
NAME OSCEOLA, MAX B JR
STREET ADDRESS 6300 STIRLING RD
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Mitchell Cypress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06
Date

954-961-6300
Daytime Phone #