

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90068 010 \*\*\*150.00

**DOCUMENT # P96000049804**

1. Entity Name

SEMINOLE PROPERTIES II, 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**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0683887

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, 2007 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 ROAD  
CITY-ST-ZIP HOLLYWOOD, FL 33024

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

TITLE ST  
NAME OSCEOLA, MAX B JR  
STREET ADDRESS 6300 STIRLING ROAD  
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

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

954-966-6300

Daytime Phone #