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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000101327 (0)

1. Corporation Name
SN PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~1900 GLADES ROAD~~ ~~SUITE 280~~ ~~BOCA RATON FL 33431~~	~~1900 GLADES ROAD~~ ~~SUITE 280~~ ~~BOCA RATON FL 33431~~
~~SAMUEL SUSI, ESQ.~~ 551 N.W. 77th STREET SUITE 109 BOCA RATON, FL 33487	~~SAMUEL SUSI, ESQ.~~ 551 N.W. 77th STREET SUITE 109 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1996

l Number
65-0713311

Applied For ☐
Not Applicable ☐

rtificate of Status Desired ☑ **$8.75** Additional Fee Required

ction Campaign Financing st Fund Contribution ☐ **$5.00** May Be Added to Fees

...s corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ ~~No~~

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

SUSI, SAMUEL
~~1900 GLADES ROAD~~
~~SUITE 280~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81
82
83
84

~~SAMUEL SUSI, ESQ.~~
551 N.W. 77th STREET
SUITE 109
BOCA RATON, FL 33487

Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13.			RECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	~~SAMUEL SUSI, ESQ.~~	☐ Change	☐ Addition
NAME	SUSI, SAMUEL		1.2 NAME			
STREET ADDRESS	~~1900 GLADES RD, STE 280~~		1.3 STREET A	551 N.W. 77th STREET		
CITY-ST-ZIP	~~BOCA RATON FL~~		1.4 CITY-ST	SUITE 109 BOCA RATON, FL 33487		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

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.

SIGNATURE: _____ 1/31/98 (561)997-2700