FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90195 034 ***150.00

· I TOURIOGE HER TOUR FORM CONTRACTOR CONTRACTOR FOR THE SERVICE SERVI

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 # P9700080090

1. Corporation Name

SMALL COMMERCIAL PROPERTIES CORPORATION II

Principal Place of Business Mailing Address										•	
1675 PALM BEACH LAKES BLVD STE. 1002 1675 PALM BEACH LAKES W. PALM BEACH FL 33401 W. PALM BEACH FL 33401				BLVD STE.	. 1	002	DO NOT WE	RITE IN THI	S SPACE		
							3. Date Incorporated or Qualife	d			
							09/16/1997				
2 Principal Pi	ace of Business	2a.	Mailing Address				4. FEI Number			Applie	ed For
24		26	J				65-0785314			Not A	pplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.7	5 Add	litional
22			27				5. Certifcate of Status Desired		Fee	Requi	ired
City & State			City & State				6. Election Campaign Financing	J	\$5.0) 0 Ma	ıy Be
23		28					Trust Fund Contribution		Adde	ed to F	ees
Zip	Country		Zip Country				8. This corporation owes the cu	rrent year I	ntangible		
24	25	29		30			Personal Property Tax.		Yes		No
	9. Name and Address of Current	Regist	ered Agent				10. Name and Address of New	Registere	d Agent		
				81	1	Name	•				l
ERBEY, JOHN R					2	Street Add	ress (P.O. Box Number is Not Accept	_			
1675 PALM BEACH LAKES BLVD., STE. 1002											
W. P	ALM BEACH FL 33401			83	3		-				
				84	+	City			. 85 Z	ip Coo	te
						·		F	ᆸᆝᆝ		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florid.	a. Such change was au	thorized by	v ti	-named com he corporati	poration submits this statement for the ion's board of directors. I hereby acc	e purpose of ept the app	of changing ointment as	its reg s regisi	gistered tered
SIGNATURE											}
OIOITATORE	Signature, typed or printed name of registered agent			Registered Age	ent	signature require	ed when reinstating)	DATE			
12.	OFFICERS ANI	<u>D</u> DIRE		13.			ADDITIONS/CHANGES TO C	FFICERS A	AND DIRECT		☐ Addition
TITLE	D		☐ DELETE	1.1 TITLE					☐ Cilari	ye	, Addition
NAME	ERBEY, WILLIAM C			1.2 NAME		Į					Į
STREET ADDRESS				1.3 STREET ADDRESS			•				Į
CITY-ST-ZIP_	W. PALM BEACH FL 33401			1.4 CITY-	ST-	-ZIP					
TITLE	PRESIDENT		☐ DELETE	2.1 TITLE					☐ Chan	ge	☐ Addition
NAME	CHRISTINE A. REICH			2.2 NAME		}					
STREET ADDRESS	1675 PALM BEACH LAK	ES B	LVD.	2.3 STREI	ET/	ADDRESS					Ì
CITY-ST-ZIP	WEST PALM BEACH, FL	334	01	2. 4 CfTY-	ST	r- z iP					
TITLE	SECRETARY	_	☐ DELETE	3.1 TITLE					☐ Chan	ge	Addition
NAME	JOHN R. ERBEY			3.2 NAME]
STREET ADDRESS	1675 PALM BEACH LAK			3.3 STRE	ET/	ADDRESS					1
CITY-ST-ZIP	WEST PALM BEACH, FL	334	01	3.4. CITY-	ST	r-ZIP	·				i
TITLE	SENIOR VICE PRESIDE	ÑΤ	☐ DELETE	4.1 TITLE					Chan	ge	Addition
NAME	JOHN R. BARNES			4. 2 NAME	E		•				
STREET ADDRESS	1675 PALM BEACH LAK	ES B	LVD.	4 3 STRE	ET/	ADDRESS					1
CITY-ST-ZIP	WEST PALM BEACH, FL	334	01	4.4 CITY-							
TITLE	VICE PRESIDENT		☐ DELETE	5.1 TITLE			•		☐ Chan	ige	Addition
NAME.	THOMAS K. MCCARTHY			5.2 NAME						•	Ì
STREET ADDRESS	1675 PALM BEACH LAK	ES B	LVD.	5.3 STRE	ET /	ADDRESS					[
CITY-ST-ZIP	WEST PALM BEACH, FL	334	01	5.4 CITY-	ST-	-ZIP					
TITLE			☐ DELETE	6.1 TITLE					☐ Chan	ige	Addition
NAME				6.2 NAME	Ξ						}

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

THOMAS K. MCCAR

561-682-8000

Daytime Phone #