2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Mar 12, 2004 8:00 am **Secretary of State DOCUMENT # P98000052402** 1. Entity Name 03-12-2004 90037 025 ***150.00 SNIP OF DEL MAR, INC. Principal Place of Business Mailing Address 516 DEER CREEK RUN DEERFIELD BEACH FL 33442 516 DEER CREEK RD. DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business 5 Ame 200 GLADES Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0844598 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, JOHN F JR. 516 DEER CREEK RUN Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 Zip Code 8. The above named antity 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 re histered agent. * Signature, typed or printed name of registered agent and title diagnifica-(NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ₹[®] ~ ₹ VD TITLE ☐ Delete TITLE Change Addition 3 By. MYERS, JOHN F JR. NAME NAME STREET ADDRESS 516 DEER CREEK RUN STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

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