07/02/99 FRI 13:11 FAX 943651 CENT. ECC ... 1

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 1:22

DOCUMENT # S95685

Corporation Name
SEMINOLE INVESTMENTS, INC.

Principal Place of Business
2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410
CA

Mailing Address
2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410
CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1991

4. FEI Number: 65-0522354 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

9. Name and Address of Current Registered Agent

WIENER, DAVID J.
LEVY, KNEEN, BOYES, WIENER, ET AL
1400 CENTREPARK BLVD., SUITE 1000
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2401 PGA Boulevard, Suite 280
City: Palm Beach Gardens FL Zip Code 33410

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 [signature] 2-3-99
Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	PRESTON, JOHN W.S.	
STREET ADDRESS	2401 PGA BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	☒ DELETE
NAME	GREEN, ROBERT S.	
STREET ADDRESS	2851 JOHN STREET SUITE 1	
CITY-ST-ZIP	MARKHAM ONTARIO L3R5R7	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S	☒ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	000002942440--5	
2.3 STREET ADDRESS	-07/27/99--01027--021	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	07/26	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: By: [signature] 2-3-99 561-624-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #