

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000025303 (6)**

1. Corporation Name  
**SNYDER SERVICES, INC.**



Principal Place of Business  
**465 NW 69TH STREET  
BOCA RATON FL 33487  
US**

Mailing Address  
**465 NW 69TH STREET  
BOCA RATON FL 33487-2358  
US**

3. Date Incorporated or Qualified **04/01/1994**      3a. Date of Last Report **04/26/1996**

2. Principal Place of Business  
21 **1790 S.W. 2nd Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1790 S.W. 2nd Ave**  
Suite, Apt. #, etc.

4. FEI Number **65-0480091**      Applied For  
Not Applicable

22 City & State  
**Boca Raton FL**

27 City & State  
**Boca Raton FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip **33432**      Country **US**

28 Zip **33432**      Country **US**

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

24 **33432**      25 **US**

29 **33432**      30 **US**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**8. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ASARCH, STEVEN J  
5355 TOWN CENTER ROAD  
SUITE 801  
BOCA RATON FL 33486**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL**      85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, ARTHUR E</b>	
STREET ADDRESS	<b>465 NW 69TH STREET</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **X** *Arthur E Snyder* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **X 2/12/97 X**      Daytime Phone # **(561) 750-3313**

CR2E034 (9/96)