

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S04416 (1)**

1. Corporation Name

**SNITZER-TULLIS FINANCIAL SERVICES, INC.**

Principal Place of Business

**1914 BEACHWAY RD., SUITE 1-H  
JACKSONVILLE FL 32207**

Mailing Address

**1914 BEACHWAY RD., SUITE 1-H  
JACKSONVILLE FL 32207**



|                                                                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/02/1990</b>                                                                                                         | 3a. Date of Last Report<br><b>03/01/1995</b>                                       |
| 4. FEI Number<br><b>59-3030325</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                                                 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

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

**SNITZER, MARK M  
1914 BEACHWAY RD., SUITE 1-H  
JACKSONVILLE FL 32207**

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

|                                                        |           |
|--------------------------------------------------------|-----------|
| 81. Name                                               |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83. City                                               |           |
| 84. Zip Code                                           | <b>FL</b> |

11. Pursuant to the provisions of Sections 607.0602 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 typed or printed below of registered agent and filed as applicable.

(NOTE: Registered Agent signature required when re-registering.)

(DATE)

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>P SNITZER, MARK M</b>        |
| STREET ADDRESS             | <b>9123 MARGOLYN COURT</b>      |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL 32257</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            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                                                                   |
|------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |
| 1.1 TITLE                                                                    |                                                                   |
| 1.2 NAME                                                                     |                                                                   |
| 1.3 STREET ADDRESS                                                           | <b>8936 BLAINE MEADOWS DR.</b>                                    |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 6/10/96**

**X 3/9/0504**

CR2E034 (3/96)