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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 468166

(4)

JACK A. SNAY, P.A.

Principal Place of Business	Mailing Address
8205 S.W. 124TH STREET MIAMI FL 83156-5932	8205 S.W. 124TH STREET MIAMI FL 33156-5932

## **FILED** May 02 1997 8:00am Secretary of State



8205 S.W. 124TH STREET Miami FL 83156-5932		8205 S.W. 124TH STREE MIAMI FL 33158-5832	T						
					3. Date Incorporated or Qualified 01/01/1975	3a. Date 04/30	of Last R <b>/1996</b>	leport	
2. Principal Pi	2a. Mailing Address	Address		4. FEI Number	[ [rippinos ] Or		oplied For		
21		26			59-1565816		No	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Ζφ <b>29</b>	30 Gour	nlry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No				
	9. Name and Address of Curr	ent Registered Agent			10, Name and Address of New Re	gistered Ag	ent		
	ly, Jack a			81 Name					
	5 S. W 124 ST MI FL 33156		-	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	-		
1416.4	W. C. B. 00100			83					
				84 City		FL	<b>85</b> Z(p)	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was	authorized	I by the corpora	rporation submits this statement for the patients board of directors. I hereby accep	urpose of cl of the appoir	ianging it itment as	ls registered registered	
DIGITATIONE	Signature, typed or printed name of registered.		DE: Begistered	Agent signature req	uired when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	8	☐ DELETE	1110	Lf		L.	Change	Addition	
NAME	PFEIFFER, REBECCA L.		1,2 NA	ME					
STREET ADDRESS	8205 SW 124TH ST		1,3 \$11	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL			Y-SI-ZIP					
TITLE	PD	☐ DELETE	21717			L	Change	Addition	
NAME	SNAY, JACK A.		22 NA						
STREET ADDRESS	8205 S. W. 124TH ST			REEN ADDRESS					
CITY-ST-ZIP	MIAMI FL	OLLETE		TY-ST-ZIP			T 61	1144000	
TITLE		L_I (): LETE	3.1 10			Ļ	Change	Addition	
NAME STREET ADDRESS			3 2 NA		·				
CITY-ST-ZIP				REET ADDRESS					
TITLE		DELETE	3.4. C1 4.1 Til	1Y+\$1+ZIP			Change	Addition	
NAME			4 2 N/			L	_ ononge		
STREET ADDRESS			1	REET ADDRESS					
CITY-ST-ZIP			J	Y - S1 - ZIP					
TITLE		DELETE	5.1 10				Change	Addition	
NAME			5.2 NA	ME			-		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y - S1 - 7IP					
TITLE		DOUFTE	6.1 111			. [	Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			63 ST	REET ADDRESS		1			
CITY-ST-ZIP		•	64 CI	IY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agricult report or supplemental around report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of portation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(305) 235-7066