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**

DOCUMENT # 468166 1. Corporation Name

May 10, 1999 8:00 am Secretary of State

05-10-1999 90090 023 ***150.00

JACK A.	SNAY, P.A.								
Deinnis - LOI	o of Business	Mailing Address				- I FORFIL GURLE GUIDU DESEU BURG GUIUL DISU DISU DISU			EN 01811 1881
Principal Place of Business Mailing Address									
8205 S.W. 124TH STREET 8205 S.W. 124TH STREET MIAMI FL 33156-5932 MIAMI FL 33156-5932									
MINMI 1 E 00130-300E						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/01/1975			
Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21		26				59-1565816 Not A			Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27							
City & Stat	te	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28				Trust Fund Contribution			rees
Zip	Country	Zip		untry		8. This corporation owes the current year in	ntangible Yes		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered		>	
	9. Name and Address of Curre	iit Registered Agent		81	Name	TO. HARITE AND MODIES OF HEW LEGISTERE	yent		······································
SNA	NY, JACK A								
8205 S. W 124 ST				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33156			83					
				84	City	FI	85	Zip C	ode
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorize orida Sta	d by tutes.	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the appoint of the purpose of the p	intment	as reg	egistered
12.	Signature, typed or printed name of registered ag-	ND DIRECTORS	E: Registere		t signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	S	DELETE	_	rmle	$\overline{}$, and the state of	_] Ch		Addition
NAME	PFEIFFER, REBECCA L.							·	_
STREET ADDRESS	DOOF CW TOATH OT			VAME STREET	ADDRESS				
	MIAMI FL			CITY-ST					
CITY-ST-ZIP TITLE	PD	DELETE	-	OTLE	-211		[] Ch	ange	Addition
NAME	SNAY, JACK A.		2.21	VAME	}				
STREET ADDRESS	DOOF C M 404TH CT	•	1		ADDRESS				i
CITY-ST-ZIP	MIAMI FL		•	CITY-S					
TITLE		☐ DELETE		TITLE			[] Ch	ange	Addition
NAME			3.21	NAME					
STREET ADDRESS			3.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE	_	ITLE	-		□ Ch	ange	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S1	1				
TITLE		DELETE		ITLE			☐ Ch	ange	☐ Addition
NAME	ļ		5.21	VAME					
STREET ADDRESS			5.3 8	TREET	ADDRESS				
CITY-ST-ZIP			5.4 (CITY-ST	T-ZIP				`
TITLE		☐ DELETE	6.1	TITLE			Ch	ange	Addition
NAME			6.21	VAME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
C/TY-ST-Z/P			6.4 0	CITY-ST	r-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 of 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 from an attachment with an address, with all other like empowered.

SIGNATURE:

Rebeccal Pfeiffer