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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 586879

(9)

MICHAEL J. SNYDER, P.A.

| Principal Plac | ce of Business | Mailing Address | | | | I COMING MICOL COLOR DELIGITATION SURVEY PARA | MIDH DIBIT HIBIT | NSON MAGAI | F1011 1001 |
|---|--|--|------------------------------------|-----------------|-------------------|---|---------------------------------------|-------------------------|--------------------------|
| 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180 | | 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180-1429 | | | | | | | |
| US | | US | | | | 3. Date Incorporated or Qualified 09/19/1978 | 3a. Date o | | port |
| 2. Principa: F | Place of Business | 2a. Mailing Addre | ISS | • | | 4. FEI Number | | | plied For |
| 21 | | 26 | | | | 59-1851538 | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | etc. | | | 5. Certificate of Status Desired | \$ | 8.75 A | dditional |
| City & Stat | le | City & State | | | | 6. Election Campaign Financing | | | <u>'</u> |
| 23 | | 28 | | | | Trust Fund Contribution | | \$5.00 Added N | |
| Z _i p | Country | Zip | | ountry | , | 8. This corporation has liability for i | | ***** | |
| 24 | 25 | 29 | 30 | , | | | Yes N | | 199.032, |
| | g. Name and Address of Curren | L <u></u> | 1951 | \top | | 10. Name and Address of New Re | | | |
| SN | YDER, MICHAEL J P.A. | ······································ | | 81 | Name | | · · · · · · · · · · · · · · · · · · · | | |
| 208 | 303 BISCAYNE BLVD | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| SUITE 200 | | | | | | | | | |
| AVE | ENTURA FL 33180 | | | 83 | | | | | |
| | | | | 84 | City | | FL 8 | Zip C | ode |
| office or r | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida, Such chang dions of, Section 607.0 | je was authoriz 505, Florida St | ed by atutes | the corpora s. | poration submits this statement for the p ation's board of directors. I hereby accep | t the appoint | inging its ment as i | registered registered |
| | THE STREET OF TH | | | | per erutangia tn | od when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 12. | PD OFFICERS AND | OFFICERS AND DIRECTORS 13 DELETE 11 | | ******* | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| | SNYDER, MICHAEL J | | | TITLE | | | L | Cusude | Mudition |
| NAME | | CHITE OOO | | NAME | | | | | |
| STREET ADDRESS | 20803 BISCAYNE BOULEVARD | - SUITE 200 | 1.3 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | | CITY - S | T - ZIP | ************************************** | | <u></u> | |
| TITLE | | [] DEt | | TITLE | | | Ц | Change | Addition |
| NAME | | | 2.2 | NAME | | | | | ŀ |
| STREET ADORESS | | | 2.3 | STREET | ADDRESS | | | | |
| CITY-ST-ZIF | | | 2. 4 | CITY - S | ST-ZIP | | | | |
| TITLE | | ☐ DEL | .ETE 3.1 | TITLE | | | | Change | Addition |
| NAME | | | 3.2 | NAME | | | | | |
| STREET ADDRESS | | | 3.3 | STREET | ADDRESS | | | | |
| CITY - ST - ZIF | | | 3.4. | CITY-9 | ST-ZIP | | | | |
| TITLE | | DEL | | YITLE | | | | Change | Addition |
| NAME | | | 4.2 | NAME | | | _ | - | - |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-S1-2/P | | | | CITY+S | | | | | |
| | · | | ■ 7.7 | | | | | | |

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 attacpment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

COY-SI-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DELETE

DELETE

MICHAEL J. Snyden 2/7/97 .

305-937-4445 Davime Phone •

Change

Change

Addition

Addition

FILED

Feb 12 1997 8:00am

Secretary of State