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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-04-1999 90126 032 ***150.00

1. Corporation	n Name	•							
MICHAEL J. SNYDER, P.A.									
						100 KM 101 10 KM 0 KM 0 KM 10 KM		AN ere n andr	
Principal Place of Business Mailing Address								114 E1E11 E1E11 I	
20803 BISCAYNE BLVD 20803 BISCAYNE BLVD									
SUITE 200 SUITE 200						DO NOT WOITE IN THIS SPACE			
AVENTURA FL: US	AVENTURA FL 33180 US	TURA FL 33180			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
03		00				09/19/1978			
a Principal P	lace of Rusiness	2a. Mailing Address			4, FEI Number		Ar	plied For	
2. Principal Place of Business		<u> </u>	26			59-1851538			ot Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·		\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee Re	equired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the curr	ent year Inta		
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent		31	Name	10. Name and Address of New F	cegistered /	vgent	
SNY	DER, MICHAEL J P.A.			"	Name				
	3 BISCAYNE BLVD		1			dress (P.O. Box Number is Not Acceptable)			
	E 200		-	33		<u> </u>			
AVENTURA FL 33180									
			84 City				FL	85 Zip	Code
44	the annihing of Pastions 607 N	502 and CO7 1509 Elorida Statuta	e the ahr	20/0	-named como	oration submits this statement for the	numose of	changing its	registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was au	itnorizea i	оуτ	the corporatio	n's board of directors. I hereby accep	ot the appoir	itment as re	gistered
· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable)					signature required		DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO ☐ Change	ORS IN 12
TITLE	PD DELETE			1.1 TITLE				☐ Change	L Addition
NAME	SNYDER, MICHAEL J		1.2 NAME						ļ
STREET ADDRESS	20803 BISCAYNE BOULEVARD - SUITE 200				ADDRESS				
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP			·	Change	Addition
TITLE				22 NAME					
NAME				2 3 STREET ADDRESS					
STREET ADDRESS			2.4 CITY-ST-ZIP						ļ
CITY-ST-ZIP TITLE	DELETE			3.1 TITLE				Change	☐ Addition
NAME				3.2 NAME					ĺ
STREET ADDRESS	222		3.3 STREET ADDRESS						\
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE			_	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAM	4. 2 NAME					
STREET ADDRESS			4 3 STR	EET.	ADDRESS				\$
CITY-ST-ZIP			4.4 CITY	4 4 CITY-ST-ZIP					
TITLE			5.1 TITL	5.1 TITLE		-		☐ Change	☐ Addition
NAME			5.2 NAM						{
STREET ADDRESS			i i		ADDRESS				
CITY-ST-ZIP	1-31-2IF				-ZIP				
THE STATE OF			1	6.1 TITLE				Change	☐ Addition i
NAME			6.2 NAV						
STREET ADDRESS	1		6.3 STR	EET.	ADDRESS				Y

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 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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Michael J.C. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael J. Snyder, President