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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 638662

(7)

DAVID M. SNYDER, CPA, P.A.

**FILED** 

May 20 1997 8:00am

Secretary of State

Suito Apil #, etc.   Suito A	Principal Plac	e of Business	Mailing Address			T TO BELLE AND AND AND IBLIA OTHER DISTRIBUTED BY AND DISTRIBUTED BY BURN BURN BURN BURN BURN BURN	
2. Pincipal Place of Business   2a. Mailing Address   5   50   50   50   50   50   50   5	ALTAMONTE F		P.O. BOX 151599 N/A ALTAMONTE SPRINGS FL 32715-1599		3. Data Incorporated or Qualified	3s Data of Last Report	
2.   Maling Address   Maling Address   2.   Maling Address   2.   Maling Address   2.		US				•	
Sulfice April **, etc.    Surface   Surface   Size   Surface   Sur						4. FEI Number	
Chy & State   Street Desired   Security			26 PO BOX	6922	18	59-1937711	
City & Side   Ci	Suite, Apt.	#, etc.	<del>                                     </del>			5. Certificate of Status Desired	
20   20   20   20   20   20   20   20	City & Stat	A	City & State		, -	<b>\$5.00</b> May Be	
SNOTER, DAVID  SNOTER, DAVID  TOS TURNBULL AVES TE 101 ALTAHONTE FL 32701  11. Parsuant to the provisions of Sections 607 0002 and 607 1508. Florida Statutes.  Strout Address (FO, Box Number is Not Acceptable)  11. Parsuant to the provisions of Sections 607 0002 and 607 1508. Florida Statutes.  12. The street of the provisions of Sections 607 0002 and 607 1508. Florida Statutes.  13. Supplies the above named corporation submits his statement for the purpose of changing is registered agent, and accept the objection of the objective of the object		Country		Counti	·y		
SNYDER, DAVID  SNYDER, DAVID  TURNBULL AVES TE 101 ALTAMONTE FL 32701  11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Fronta. Such charge years and forzed by the corporation's board of directors. I hardby accept the experimentary of 2.00, fine directors and of directors. I hardby accept the experiment are registered agent, and the state of Fronta State there are a second agent and the state of Fronta State there are a second agent and the state of Fronta State there are a second agent and the state of Fronta State there are a second agent and the state of Fronta State the state of Fronta State to Fronta State the state of Fronta State to Fronta State the state of Fronta State to Fronta State Tables State Tab	24 32869-	2258 25 DRAYSE	29 32869-2258				
SIGNATURE OFFICERS AND DIRECTORS  THE PROBLEM AVES TE 101 ALTAMONTE FL 32701  82 Stroot Address IP O. Box Number is Not Acceptable)  11. Pursuent to the provisions of Sections 607 0502 and 607 1508. Florida Statutures, the above-nerved corporation submits this statement for the purpose of changing like epistered agent. I am familiar with, and accept the obligations of Section 607 0505, Plant and accept the obligation of Section 607 0505, Plant and accept the obligation of Section 607 0505, Plant and accept the obligation of Section 607 0505, Plant and accept the obligation of Section 607 0505, Plant and accept the obligation of Sectio			t Registered Agent			10. Name and Address of New Re	gistered Agent
ATAMONTE FL 32701  ATAMONTE FL 32701  82 Stroot Address (P.O. Box Number is Not Acceptable)  83				8	SN	YDER, DAVID	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above harmed corporation submits this statement for the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above harmed corporation's board of directors. I hereby accept the purpose of changing list registered agent, or both, in the State of Florida. Such change was authorized beyeneramed corporation's board of directors. I hereby accept the appointment as registered agent, and script the objections of, Section 607.0505, Florida Statutes.  SIGNATURE  SUBMIT Registered sparks (place of the provision of the section 607.0505, Florida Statutes).  SIGNATURE  SUBMIT Registered sparks (place of the provision of the section 607.0505, Florida Statutes).  POT Registered sparks (place of the provision of the section 607.0505, Florida Statutes).  POT Registered Agents (place of the provision of the section 607.0505, Florida Statutes).  POT Registered Agents (place of the provision of th				8:	2 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
Section   Sect	ALT/	AMONTE FL 32701		0	1 4626	BAY VISTA ESTATES	BLVO
11. Pursuant to the provisions of Sections 607 0502 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 horeby accept the appointment as registered segent, and familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE    DAWID   M. SAND BRESTORY   PATE				L.,			
11. Pursuent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE				8	City	4111	FI 85 Zip Code
## ACTIVE STREET ADDRESS  CITY-ST-ZP    CITY-ST-ZP    DELETE   DEL	11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statu	ites, the <b>a</b> bo	re-named corn	poration submits this statement for the	ournose of changing its registered
SIGNATURE	office or r agent. I a	registered agent, or both, in the State rm familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505. F	authorized b forida Statute	by the corporal es.	lion's board of directors. I hereby acce	pt the appointment as registered
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	SIGNATURE	Devid M. Swedy	DAVID M	SNYD	SR PRE	SIDENT	4-23-97
TITLE NAME SHYDER, DAVID TURNBULL STE 101	46	Signature, typed or printed name of gistered ager			gent signature requir		
NAME   SNYDER, DAVID   12 NAME   SNYDER, DAVID   13 STREET ADDRESS   PO SON 693 3 F8 963 6 AV VISIA ESTATES & VIDER   Change   Addition					0		
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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 attachment with an address.