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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F29002 (5) SNAP DECISION INC.) (19) (11) (1		
					ling Address								
% SNAP DECISION INC. % SNAP DECISION INC PO BOX 24435 PO BOX 24435													
FT LAUDERDALE FL 33307					FT LAUDERDALE FL 33307					DO NOT WRITE IN THIS SPACE			
										 Date Incorporated or Qualified 04/08/1981 			7
2.	Principal Place of Business			28.	2a. Mailing Address					4. FEI Number	1	pplied For	7
21				26	26					59-2084528		lot Applicabl	е
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required	
	City & State				City & State					6. Election Campaign Financing	\$5.00	May Be	7
23				28	28					Trust Fund Contribution		to Fees	
	Zip	·			Zip Cou					8. This corporation owes or has paid the cu			_]
24	25 29				- 1 ·							Z-No	_
9. Name and Address of Current Registered Agent								Name		10. Name and Address of New Registered	Agent		4
MAY, GEORGE 2840 FOXHALL DRIVE EAST WEST PALM BEACH FL 33417								Street	Addres	ess (P.O. Box Number is Not Acceptable)			
							B4	City		FL	• ¯	Code	
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												its registered s registered	1
SIC	GNATURE _										<u>.</u>		.
12		Si gnat ure typed	or printed rainin of registered ag OFFICERS AN			E: Registere	d Age	ni signature	e required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTO	DC IN 10	<u>F</u>
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CITY-ST-ZIP WEST PALM BEACH FL							ST - ZIP						
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CITY-ST-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 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: . .

NAME

TITLE

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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1-12-98

Change

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FILED

Mar 20 1998 8:00am

Secretary of State