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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F77853

1. Corporation SNOWY	egret, INC.				
Principal Place of Business Mailing Address					I (BBI)(Bb (1))) (BBI) (BBB) (B1B) EUGS (U) GIBI) GIBI) GIBI) SIST BIBI) BIĞÜL (BBI)
FLESHER.STANLEY MICHAEL 30 MAPLE STREET 30 MAPLE STREET GUELPH. ONT. CANADA (NIG2G2) GUELPH. ONT. CANADA (NIG2G2)					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					04/27/1982
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					59-2202325 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				<u> </u>	5. Certificate of Status Desired
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
PASSIDOMO,KATHLEEN 800 LAUREL OAK DR. #400				Name Street	Address (P.O. Box Number is Not Acceptable)
			84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed of printed nume of registered agent and title if applicable. (NOTE: Registered Agent signature required with the corporation of t				oration's board of directors. Thereby accept the appointment as registered	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE		Change Addition
NAME	FLESHER, CYNTHIA		1.2 NAME		
STREET ADORESS	OUT DIL ONTADIO CAN		1	T ADDRESS	
CITY-ST-ZIP	·		1.4 CITY-	ST-ZIP	Change Addition
NAME	CIPOLICE OF AN EXCLUSIVE		2.2 NAME		
STREET ADDRESS	OO MADI É CITOCET			TADDRESS	
CITY-ST-ZIP	CUELDIA ONTADIO CAM		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	32		3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE			4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				T ADDRESS	
CITY+ST-ZIP		□ ocuere	4.4 CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	ļ	Change C Addition
NAME STREET ADDRESS				T ADDRESS	
OUTER! ADDICESS					1

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 all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TTLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition