

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

MAY 10 AM 10:35

DOCUMENT # **F90380**

(9)

SNAFU, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Date of Incorporation		2a. Mailing Address		3. Certificate Number		3a. Date of Last Report	
21		26		4. Certificate Number		Applied For	
22		27		5. Certificate of Status Debited		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for corporate tax under 1981 (32) Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHRISTIANSON, ROBERT LOT 4 CAPTAIN KIDD LANE CUDJOE KEY FL 33042				81 Name: ROBERT CHRISTIANSON			
				82 Street Address (P.O. Box Number is Not Acceptable): RT 3 BOX 320 B CANAL ST			
				83 City:			
				84 City: BIG PINE KEY FL 85 Zip Code: 33043			

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida and 602.1508 Florida Statutes. I hereby accept the appointment as registered agent for the corporation named herein. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND EMPLOYEES	
NAME: PTD CHRISTIANSON, ROBERT		NAME: PTD	
ADDRESS: 4 CAPTAIN KIDD LN CUDJOE KEY FL		ADDRESS: RT 3 BOX 320 B CANAL ST. BIG PINE KEY, FLA 33043	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	

14. I, the undersigned, do hereby certify that the information supplied with this filing is accurately furnished and that I am liable for the exemption stated in law for 1981 (32) Florida Statutes. I further certify that the information submitted by 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. This certificate is in full compliance with the provisions of the law and is not subject to any other provisions of law. I hereby certify that the information furnished in this report is true and accurate and that my name appears in Block 13 of this filing as an attachment with an address.

SIGNATURE: **ROBERT CHRISTIANSON** 5-3-95 305 872 8971