


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H22694 (4) 1. Corporation Name SNYDER ENTERPRISES, INC.					



Principal Place of Business	Mailing Address
333 W. LAKE HOWARD DR. SUITE 304D WINTER HAVEN FL 33880 US	333 W. LAKE HOWARD DR. SUITE 304D WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3126 STONEWATER DR. Suite, Apt. #, etc. 22 City & State 23 LAKELAND, FLORIDA Zip 24 33803 County 25 POLK		2a. Mailing Address 26 3126 STONEWATER DR. Suite, Apt. #, etc. 27 City & State 28 LAKELAND, FLORIDA Zip 29 33803 County 30 POLK		3. Date Incorporated or Qualified 09/25/1984	4. FEI Number 59-2102450	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WOREL, MARY A. 333 W. LAKE HOWARD DR. SUITE 304D WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOREL, MARY A			1.2 NAME	SNYDER, DAVID		
STREET ADDRESS	333 W LAKE HOWARD DR STE 304D			1.3 STREET ADDRESS	3126 STONEWATER DR.		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	LAKELAND, FL 33803		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, DAVID			2.2 NAME	WOREL, MARY A		
STREET ADDRESS	2350 CYPRESS POND RD STE 2007			2.3 STREET ADDRESS	333 LAKE HOWARD DR. STE 304D		
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, DAVID			3.2 NAME			
STREET ADDRESS	3126 STONEWATER DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOREL, MARY A			4.2 NAME			
STREET ADDRESS	333 LAKE HOWARD DR. STE 304D			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33880			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: *[Signature]*

CR2E034 (10/97)