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

PROFIT CORPORATION



FILED

Mar 31 1998 8:00am

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS					Secretary of State				
		J03148	(O)									
SNIDEF	R METALS, INC.								1 1 A G (U.S G () B G () A G () A G () A G () B G () A G ()	as bibis ald		111 hand 1880
Principal Plac	e of Business		Mailing Address	.,						HAI OLDIL BID	il dibik obbil oli)
% JAMES SNIDER 1835 GALLOP DR LOXAHATCHEE FL 33470			% JAMES SNIDER 1835 GALLOP DR LOXAHATCHEE FL 33470						DO NOT WRIT	E IN THIS	SPACE	
COMMINION	E 16 33470		COMMINIONEE TE SO	470			f	3. D	ate incorporated or Qualified			
6 Dissipal D	leas - (D	_	Adallia Addana						03/10/1986		-	
2. Principal Place of Business			2a. Mailing Address				- 1	4. F	El Number		f 1	pplied For lot Applicable
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.						59-2641988			Additional
22			27					5. C	ertificate of Status Desired			Required
City & Stat	0	-	City & State				[lection Campaign Financing		\$5.00	May Be
Zip	Cou		Zip		ountry	<u></u>	$-\!\!+\!\!$		rust Fund Contribution			to Fees
24	25	· · · · · · · · · · · · · · · · · · ·	19	30	ountry		İ		his corporation owes or has p ersonal Property Tax due Jun			No No
		iress of Current Re			$\overline{}$				lame and Address of New R			
SN	IDER, JAMES				81	Name						
1835 GALLOP DR					82	Street A	Addres	s (P.C). Box Number is Not Accepte	able)		
LO	X <mark>AH</mark> ATCHEE FL 33	470			-	ļ						
					83							
					84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sc	ections 607 0502 an	d 607 1508 Florida St	atules the	above	e-named c	cornor	ation s	submits this statement for the		of changing	its registered
office or r	egistered agent, or be m familiar with land a	oth, in the State of F	lorida. Such change w s of, Section 607.0505	as authoriz	ed by	the corpo	oration	n's boa	submits this statement for the ard of directors. I hereby according	pt the ap	pointment as	s registered
SIGNATURE	tarmer man, and a	books the congenion	0 01, 000,000	,		J.						
	Signature, typed or printed is					ent signature re	required v			DATE		
12. TITLE		OF FICERS AND DI	RECTORS DELETE	13				AD	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO Change	RS IN 12 Addition
NAME	PD Snider, James		C) becele		TITLE NAME						☐ Cuantige	I VOOIIION
STREET ADDRESS	1835 GALLOP D			1		ADDRESS						
CITY-ST-ZIP	LOXAHATCHEE				CITY-S	- 1						
TITLE	CONTRACTOR		DELETE		TITLE				······································	-	Change	Addition
NAME				2.2	NAME							
STREET ADDRESS				2.3	STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP					- 	77 2200
TITLE			☐ DELETE		TITLE						L Change	Addition
NAME				•	NAME	IDDDEGG						
STREET ADDRESS					. CITY - S	ADDRESS						
CITY-ST-ZIP TITLE		-	DELETE		TITLE	31-2IF					Change	Addition
NAME				4. 2	NAME	- 1						
STREET ADDRESS				4.3	STREET	ADDRESS						
CITY-ST-ZIP				4.4	CITY-S	T-ZIP						
TITLE			DELETE	5.1	TITLE	Ţ					Change	Addition
NAME					NAME	1						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			DELETE		CITY-S	T-ZIP			<u> </u>		Change	Addition
TITLE NAME			C OFFEE	•	TITLE NAME	- 1					La Change	L AMOUNT
STREET ADDRESS						ADORESS						
OUTY OF THE				0.3	JIIILE I	ADVILOS						

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 trustop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address. Those Soilar So Pros