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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11674

SNOOTY FOX OF SANIBEL, INC.

(5)

## **FILED** May 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 643 ASTARIAS CIRCLE 643 ASTARIAS CIRCLE								
643 ASTARIAS FT. Myers fl US			643 ASTARIAS CIRCLE FT. Myers FL 33919-3267 US			·		
00						3. Date incorporated or Qualified 04/29/1986	3s. Date of Las 05/01/1996	
2. Principal	2a. Mailing Address	ng Address			4. FEI Number		Applied For	
Surte, Api	I # ale	Suite, Apt. #, etc.				59-2673276		Not Applicable  5 Additional
22	( # <sub>1</sub> 010.	27				5. Certificate of Status Desired	1 7 "	Required
City & Sta	ate	City & State			<del></del>	6. Election Campaign Financing	\$5.0	00 Мау Ве
23		28	1 0-			Trust Fund Contribution	<del></del>	ed to Fees
7⊕ <b>24</b>	Country 25	Zip 29	30	ıntry		<b>8.</b> This corporation has liability for in Fiorida Statutes	intangible tax unde ] Yes     □ No	er s. 199.032,
<u> </u>	9. Name and Address of Curr		130]	Γ		10. Name and Address of New Re		
QU	EISSER, QUENTIN			81	Name			······
643 ASTARIAS CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)			le)	······
FT. MYERS FL 33919						dates (1.0. box realises to real recognition)		
				83				
				84	City		FL 85 2	ip Code
11 Pureusa	at to the provisions of Sections 607.0	502 and 607 1508 Florida Stati	ites the a	bove	named corno	oration submits this statement for the p		n its registered
office or	r registered agent, or both, in the Sta an familiar with, and accept the obt	ite of Florida. Such change was	Acirodhus a	d by	the corporation	on's board of directors. I hereby accep	of the appointment	as registered
	~1. 7	igations of, Section 607.0505, r	norida Stai	lules	١.		4/281	67
SIGNATURE	Signature Typed or printed name of registered (	agent and title if applicable. (NO	OTE: Registere	d Age	nt signature require	d when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
THEF	PTP	☐ DELETE	1.1 10				Chan	ge 🔲 Addition
NAME	QUEISSER, QUENTIN		1.2 N					
STREET ADDRESS	P. O. BOX 07441 N/A FT. MYERS FL				ADDRESS			
CHY-ST-20°	VSD VSD	DELETE	1.4 Cl 2.1 Tl	ITY-S	T-ZIP		Chan	ge Additio
NAME	QUEISSER, TIMOTHY	[_] otten	2.7 N					go 🗀 riddillo
STREET ADDRESS	D O DOV ATALL				ADDRESS			
CITY - ST - ZIP	FT. MYERS FL		1		ST-ZIP	1.		
TILLE		DELETE	3.1 Ti			······································	☐ Chan	ge Addition
NAME			3.2 N	AME		·		
STREET ADDRESS	:		335	TREET	ADDRESS			
CI*Y - ST - ZIP				HY-S	T-ZIP			
HITCE		☐ DELETE	4.1 18				Chan	ge 🛄 Additio
NAME			4.21					
STREET ADDRESS	3				ADDRESS			
City - S1- ZIP		DELETE		ITY - S	T-ZIP		☐ Chan	ge Additio
TOTAL		L. DELETE	5.1 TI 5.2 N				LI UMII	An I''' Vonitio
NAME CIDEST ADDRESS					ADDOLOG			
STREET ADDRESS					ADDRESS			
CITY - S1 - ZIP TITLE		DELETE	5.4 C	ITY-\$ ITLE	1-21		Chan	ge Additio
NAME		المال والمال	6.2 N					
STREET ADDRESS	:				ADDRESS			
CITY -S.E- 7(2)					T-7IP			

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 433 4585