

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M31093

(1)

1. Corporation Name:

SNOW WHITE REALTY, INC.

Principal Place of Business:

265 ATLANTIC ISLE
SUNNY ISLES FL 33160

Mailing Address:

265 ATLANTIC ISLE
SUNNY ISLES FL 33160

APPROVED
AND
FILED

95 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
04/25/1986

3a. Date of Last Report
08/11/1994

4. FET Number
65-0008361

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has been authorized by Chapter 14, Article IV, Florida Statutes, to

Florida Statutes, Yes No

2. Principal Place of Business:

21. State Apt # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address:

26. State Apt # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDE, ALVIN J
265 ATLANTIC ISLE
SUNNY ISLES FL 33160

81. Name

82. Street Address, if O. Box Number is Not Applicable

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0401 and 607.1401, 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 of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

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CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 14.07(6)(b), 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 recipient of business correspondence to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Rita Side

RITA SIDE

4/15/95 305 7704266

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR