PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, QF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94639

SNIPPERS INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90189 011 ***150.00



Principal Place of Business Mailing Address 116 S.E. 15TH ST. 116 S.E. 15TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/15/1988 Applied For 2a. Mailing Address 4. FFI Number 2. Principal Place of Business 26 65-0078047 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing ___\$5.00 May Be City & State _ City & State := : Trust Fund Contribution 28 23 Country Zip Country Zio This corporation owes the current year Intangible Personal Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UADAGNO (GAUCI)-MIANO, EILEEN 82 3221 N.W. 33RD STREET FORT LAUDERDALE FL 33309 83 \$607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. office or registered agent, or both, in agent. I am familiar with and accept tank GUADAGAGO 19 199 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change PRESIDENT 1,1 TITLE DELETE DIRECTOR TITLE ALAN GUABAGNO EILEEN (GAUCI) MIANO 1.2 NAME NAME 820 MM 33-5 3221 NW 33RD STREET 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE πīE JOSEPH A. MIANO 22 NAME NAME STREET ADORESS 3221 N.W. 33RD STREET 2.3 STREET ADDRESS FORT LAUDERDALE FL 2.4 CITY-ST-ZIP CITY-ST-78 Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition ME 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 cath; 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 applicachment with an addiges, with all other like empowered.

SIGNATURE:

JAN 19 1999

954-485-865

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