

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 65-0078047  
1. Corporation Name *m94639*  
Snippe's, Inc.

Amended 1999  
Annual Report

Principal Place of Business  
116 SE 15th Street  
Pompano Beach, FL 33060

Mailing Address

FILED

99 SEP -7 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0078047		Not Applicable	
2 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
3 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.		Yes No	
25		29		30			

9. Name and Address of Current Registered Agent

Alan Guadagno  
1850 NW 33rd Court  
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name George Schwind, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
500 Australian Ave. South  
83 Suite 600  
84 City West Palm Beach FL 85 Zip Code 33401

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 *George Schwind* *8/31/99*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	1.1 TITLE	President/Director
NAME	Alan Guadagno	1.2 NAME	Eileen Miano
STREET ADDRESS	1850 NW 33rd Court	1.3 STREET ADDRESS	116 SE 15th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE		2.1 TITLE	
NAME		2.2 NAME	200002988252--7
STREET ADDRESS		2.3 STREET ADDRESS	-09/15/99--01091--012
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Eileen Miano* *8/31/99* *954 783 9744*  
Signature and typed or printed name of signing officer or director Date Daytime Phone #