FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:18

DOCUMENT # N23714 (1)

1. Corporation Name
SNOWBABIES, INC.

Principal Place of Business	Mailing Address
3365 GRAY FOX COVE APOPKA FL 32703	PO BOX 162856 ALTAMONTE SPRINGS FL 32716-9856

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2865815 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

2. Principal Place of Business — 21: 3365 GRAY FOX COVE; Suite, Apt. #, etc. — 22: Apopka Fla; City/State — 23: ; Zip — 24: 32703; Country — 25:

2a. Mailing Address — 26: POB 162856; Suite, Apt. #, etc. — 27: Altamonte Springs; City & State — 28: Fla.; Zip — 29: 32716; Country — 30:

9. Name and Address of Current Registered Agent

STOCKTON, RICHARD L.
200 S. ORANGE AVE.
SUITE 2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Tammy Sue Seulson
82 Street Address (P.O. Box Number is Not Acceptable): 3365 Gray Fox Cove
83 City: Apopka, Fla. 32703
84 City: FL 85 Zip Code

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: [signature] TAMMY SEULSON 1-30-95
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	DP	1.1 TITLE	☑ Change ☐ Addition
NAME	DENOVE, SHEILA	1.2 NAME	PASTOR LON GARBER DP
STREET ADDRESS	461 EAGLE CIRCLE	1.3 STREET ADDRESS	530 Dogtrack Rd.
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	Longwood, Fla. 32750
TITLE	DV	2.1 TITLE	☑ Change ☐ Addition
NAME	MAYNARD, GEORGE	2.2 NAME	DIANE WEAET
STREET ADDRESS	1414 S. KUHL AVENUE	2.3 STREET ADDRESS	110 Donnington Ct. DV
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Longwood Fla. 32779
TITLE	DT	3.1 TITLE	☑ Change ☐ Addition
NAME	MCCALL, MERCEDES	3.2 NAME	Sheila Denove
STREET ADDRESS	1601 S. ORANGE AVENUE	3.3 STREET ADDRESS	716 Edgemon Ave DT
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Springs, Fla. 32708
TITLE	DS	4.1 TITLE	☑ Change ☐ Addition
NAME	HOWARD, SUSAN	4.2 NAME	Sue Dey
STREET ADDRESS	1412 W. COLONIAL DRIVE	4.3 STREET ADDRESS	5435 Justine DS
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Winter Park Fla 32792
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	ALEXANDER, GREGOR	5.2 NAME	Gregor Alexander
STREET ADDRESS	1414 SOUTH KUHL AVENUE	5.3 STREET ADDRESS	92 W. Miller Ave
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando Fla. 32806
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	BOND, ARITEE	6.2 NAME	Cynthia Stallo
STREET ADDRESS	2418 W. 33RD STREET	6.3 STREET ADDRESS	58 Evanhoe Blvd.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando Fla. 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Sheila DeNove 1-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

000104?