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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N23714 (1)

1. Corporation Name

SNOWBABIES, INC.

Principal Place of Business	Mailing Address
3365 GRAY FOX COVE APOPKA FL 32703 US	P O BOX 162856 ALTAMONTE SPRINGS FL 32716-2856 US

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 3365 Gray Fox Cove
22 Suite, Apt. #, etc. Apopka, Fla.
23 City & State [illegible]
24 Zip 32703
25 Country Seminole

2a. Mailing Address
26 P.O.B 162856
27 Suite, Apt. #, etc. Altamonte Springs
28 City & State Florida
29 Zip 32714
30 Country Seminole

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEVISON, TAMMY SUE
3365 GRAY FOX COVE
~~SUITE 2600~~
APOPKA FL 32703

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Tammy Sue Sevison [signature] DATE 3-17-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	Director ☐ Change ☐ Addition
NAME	GARBER, LON PASTOR		1.2 NAME	Gary Deverman
STREET ADDRESS	530 DOGTRACK RD		1.3 STREET ADDRESS	92 W. Miller Ave
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Orlando, Fla. 32806
TITLE	~~DV~~ DS	☐ DELETE	2.1 TITLE	DS ☑ Change ☐ Addition
NAME	STOCKTON, RICK A		2.2 NAME	
STREET ADDRESS	PO BOX 1526		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DENOVE, SHEILA		3.2 NAME	
STREET ADDRESS	716 EDGEMON AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	DS	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DENOVE, SHEILA		4.2 NAME	
STREET ADDRESS	135 TRAILWINDS RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPG FL		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	DV ☑ Change ☐ Addition
NAME	ALEXANDER, GREGOR		5.2 NAME	
STREET ADDRESS	92 W MILLER AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SEVISON, TAMMY		6.2 NAME	
STREET ADDRESS	3365 GRAY FOX COVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 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] Tammy S. Sevison 3-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #