


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23714** (1)
1. Corporation Name
SNOWBABIES, INC.



Principal Place of Business 3365 GRAY FOX COVE APOPKA FL 32703 US	Mailing Address P O BOX 162856 ALTAMONTE SPRINGS FL 32716 US
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3. Date Incorporated or Qualified 12/03/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2865815	

2. Principal Place of Business 21 2610 Hwy. 17-92 Suite, Apt. #, etc. 22 City & State 23 Longwood, FL Zip 24 32750	2a. Mailing Address 26 Same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEVISON, TAMMY SUE 3365 GRAY FOX COVE APOPKA FL 32703	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 S. Sevison Executive Director** DATE **4-17-98**
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, LON PASTOR	1.2 NAME	
STREET ADDRESS	530 DOGTRACK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKTON, RICK A	2.2 NAME	DS
STREET ADDRESS	PO BOX 1526	2.3 STREET ADDRESS	Stockton, Rick A
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	200 S. Orange Ave Suite 2600
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERMAN, GARY	3.2 NAME	Orlando, FL 32802
STREET ADDRESS	92 W MILLER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, GREGOR	4.2 NAME	
STREET ADDRESS	92 W MILLER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVISON, TAMMY	5.2 NAME	
STREET ADDRESS	3365 GRAY FOX COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Tammy S. Sevison** 4/8/98 (407) 339-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013083

CR2E037 (10/97)