

~~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

FILED

93 AUG -6 AM 7:59

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004893

1. Corporation Name

Snellgrove Real Estate, Inc.

Principal Place of Business

Mailing Address

640 E. Ocean Ave. #20

SAME

Boynton Beach FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/93

4. FEI Number

65-0380060

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 owes the current year Intangible
Personal Property Tax

☐

Yes ☐ No

2. Principal Place of Business

21 640 E. Ocean Ave

Suite, Apt. #, etc.

22 #20

City & State

23 Boynton Beach FL

Zip

24 33435

25 USA

2a. Mailing Address

26 640 E. Ocean Ave.

Suite, Apt. #, etc.

27 #20

City & State

28 Boynton Beach

Zip

29 33435

30 USA

9. Name and Address of Current Registered Agent

Davis, L.A.

640 E. Ocean Ave.

Suite #20

Boynton Beach FL 33435

81 Name

Wechsler, Leon

82 Street Address (P.O. Box Number is Not Acceptable)

640 E. Ocean Ave. #20

83

84 City

Boynton Beach

FL

85 Zip Code

33435

10. Name and Address of New Registered Agent

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

Leon Wechsler

Leon Wechsler

8/4/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D P VP S T ☒ DELETE

NAME Davis, L.A.

STREET ADDRESS 430 N. "B" St.

CITY-ST-ZIP Lade Worth FL 33460

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P VP S D ☒ Change ☐ Addition

1.2 NAME Wechsler, Leon

1.3 STREET ADDRESS 2031 NW 18th St

1.4 CITY-ST-ZIP Delray Beach FL 33445

2.1 TITLE Treasurer ☒ Change ☐ Addition

2.2 NAME Papa, Sandra L.

2.3 STREET ADDRESS 9814 Cresecent View Drive

2.4 CITY-ST-ZIP Boynton Beach FL 33437

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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8/10/99

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:

Sandra L. Papa Sandra L. Papa

8/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)