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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044364 (6)

1. Corporation Name
SNYDER OVEN REPAIR, INC.

Principal Place of Business
1526 N HUDSON STREET
ORLANDO FL 32808

Mailing Address
1526 N HUDSON STREET
ORLANDO FL 32808-6026



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1993		3a. Date of Last Report 07/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3189238		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SNYDER, KENNETH 1526 N HUDSON STREET ORLANDO FL 32808				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SNYDER, JANET			1.2 NAME	Kenneth E. Snyder		
STREET ADDRESS	4516 LAKE MARTIN LN APT G			1.3 STREET ADDRESS	1526 N. Hudson St.		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32808		
TITLE	VST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SNYDER, JANET			2.2 NAME	Amber E. Snyder		
STREET ADDRESS	1526 N HUDSON STREET			2.3 STREET ADDRESS	1526 N. Hudson St.		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32808		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BURCH, SHIRLY			3.2 NAME	Harry E. Black		
STREET ADDRESS	1526 N. HUDSON ST			3.3 STREET ADDRESS	2801 Citron Dr.		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Longwood, FL 32766		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, AMBER E			4.2 NAME			
STREET ADDRESS	1526 N. HUDSON ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)