


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 JUL 31 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000002913 (9)**

1. Corporation Name
SNAP SERVICES, INC.

Principal Place of Business
**3711 SHAMROCK WEST #226F
TALLAHASSEE FL 32308**

Mailing Address
**3711 SHAMROCK WEST #226F
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1994	3a. Date of Last Report 02/13/1996
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2. Principal Place of Business 21 3348 CHARLESTON RD Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FLORIDA Zip 24 32308 Country 25 USA	2a. Mailing Address 26 3348 CHARLESTON RD Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE, FLORIDA Zip 29 32308 Country 30 USA	4. FEI Number 59-3244429 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 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent VINAYAK, NALINI 3711 SHAMROCK WEST #226F TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent 81 Name NALINI VINAYAK 82 Street Address (P.O. Box Number is Not Acceptable) 3348 CHARLESTON ROAD 83 84 City TALLAHASSEE FL 85 Zip Code 32308
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHARMA, VINAYAK 3711 SHAMROCK WEST., # 226F TALLAHASSEE FL 32308 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SHARMA, VINAYAK 3348 CHARLESTON ROAD TALLAHASSEE, FLORIDA 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCED NALINI, VINAYAK 3711 SHAMROCK WEST., # 226F TALLAHASSEE FL 32308 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SCED NALINI, VINAYAK 3348 CHARLESTON ROAD TALLAHASSEE, FLORIDA 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002260687--8 -08/07/97--01065--023 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7/31/97

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 **Nalini Vinayak** 7/22/97 904-894-1425

CR2E034 (4/97)

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SNAP Services Inc.
3348 Charleston Rd.
Tallahassee, FL 32308.
07/22/97.

To,
Florida Department of State,
Annual Report Section,
P.O. Box 6327,
Tallahassee, FL 32314.

Re: Annual Report 1997 (Doc. # P94000002913(9) - FEI # 593244429)

Sir,

We received your second notice. We did not receive the first notice.

I spoke to Angela of your office and as per her advice we are sending herewith the Annual report for 1997 duly signed with a check for \$165.00.

Thanking you,
Sincerely,

Nalini Vinayak

Nalini Vinayak.

(SECRETARY)