## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P94000017274 (9)

THE SNOW AGENCY, INC.

**FILED** Apr 25 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address					- I IOBAROBI IFO IDIII AIDII ODIFE DOIII			
1645 PALM B SUITE 1080	1645 PALM BEACH LAK SUITE 1080	PALM BEACH LAKES BLVD.						
	BEACH FL 33401	WEST PALM BEACH FL	33401			1		
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1995				
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0476745		Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	<b>\$</b> :	8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	55.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i			
24	25	29	30			<b>₩</b> No		
	9. Name and Address of Curren	t Registered Agent	L1 [		10. Name and Address of New R	legistered Ager	nt	
			81	Name				
snow, stephen D				Street Add	Address (P.O. Box Number is Not Acceptable)			
1645 PA SUITE 10	LM BEACH LAKES BLVD. 080		83					
	EACH LAKES FL 33401		-				· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 8	Zip Code	
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Sections	da Such change was authorize ion 607,0505, Florida Statutes.	d by the corpo	eration's bloa	ration submits this statement for the pur rd of directors. Thereby accept the app	ointment as regis	stered ägent. I am	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF		ECTORS IN 12	
TITLE	PS	DELETE	1 1 THILE			☐ Cr	nange 🔲 Addition	
NAME	SNOW, STEPHEN D		1.2 NAME					
STREET ADDRESS	166 HAMPTON CIRCLE		1.3 STREET	ADORESS				
CITY-ST-ZIP	JUPITER FL 33458		1.4 C(TY - S)	í-ZIP				
TITLE	V	☐ DELETE	2 1 TITLE			CH	ange	
NAME	RADEMACHER, STEPHEN A		2.2 NAME	-				
STREET ADDRESS	205 B SEA OATS DRIVE		2 3 STREET	ADDRESS				
CITY - ST - ZIP	JUNO BEACH FL 33408	FINELETE	2 4 CITY - S	I - ZIP			saas 🗖 talawas	
TiTLE NAME		☐ DELETE	3 1 TILLE	ļ		☐ Cr	nange 🔲 Addition	
STREET ADDRESS			3.2 NAME	ADORESC				
CITY-ST-ZIP			33 STREET 34 CITY - S					
THE	☐ DELETE		4 1 TITLE				nange	
NAME		barrel	4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRÉSS				
CITY-ST-Z-P			4 4 CITY - S					
TITLE	☐ DELETE 5		5 1 TITLE			☐ Cr	nange Addition	
NAME			5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-Z-P			5 4 CITY - S	i - ZIP		<del> </del>		
TITLE		☐ DELETE	€ 1 T/TLE			☐ Cr	nange	
NAME			6.2 NAME	İ				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP		Table About Efficiency and the state of the	€ 4 CITY - S		for the exemption stated in Section 110	07/01/1 6: ::	<u> </u>	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same logal 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:** 

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-684-0010