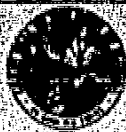


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2: 10

DOCUMENT # P94000020486 (4)

1. Corporation Name

SNEAD ISLAND DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

5544 FOX HOLLOW DR.
BOCA RATON FL 33486

5544 FOX HOLLOW DR.
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0478270

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAWA, ABRAGAM
5544 FOX HOLLOW DR.
BOCA RATON FL 33486

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

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

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

KAWA, ABRAHAM

STREET ADDRESS

5544 FOX HOLLOW DR.

CITY - ST - ZIP

BOCA RATON FL 33486

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

TITLE

D

NAME

KAWA, JOAN

STREET ADDRESS

5544 FOX HOLLOW DR.

CITY - ST - ZIP

BOCA RATON FL 33486

2. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

14. 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 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:

Sandra D. Matheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

813-795-0486

Date

Telephone Number