FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90054 042 ***150.00

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

DOCUMENT # P9400063268

1. Corporation Name

RON SNYDER AND ASSOCIATES, INC.

								· I (#31/48) (+8 :8:14 8/8) (#4) #4 #4 #4 #4 #4 #4 #4	O REPORTED		
Principal Place of Business Mailing Address					1			,			
3024 LA MIRAGE DRIVE 3024 LA MIRAGE DRIVE											
	E FL 33319-4266		FT. LAUDERDALE FL 33319-4266								
US	4208	US	us mas			b		DO NOT WRITE IN THIS SPACE			
	Pl						3. Date Incorporated or Qualifed 08/24/1994				
2. Principal Pl	ace of Business	2a. M	lailing Address				4.	FEI Number	\rightarrow	Applied For	
21		26						65-05 18285		Not Applicable	
Suite, Apt.	#, etc.	Sı	uite, Apt. #, etc.				_	. Certificate of Status Desired		5 Additional	
22		27						. Certificate of Gladus Bookson	Fee	Required	
City & State			ity & State				6.	Election Campaign Financing	\$5.0	0.May Be	
23		28						Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zi	ip	Cou	ntry		8.	. This corporation owes the current year Intang		_	
24	25	29		30				7 Oldonar Topony	Yes	□No	
	9. Name and Address of Curre	nt Register	ed Agent		Ľ.,		10.	Name and Address of New Registered Ag	ent		
					81	Name					
SNYDER, RONALD L 3024 LA MIRAGE DRIVE					82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
					02	Sileet Add	Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33319-4266 47.00					83						
						······································			I		
					84	City		Fi	85 Zi	ip Code	
44 Durayant	to the provisions of Sections 607.05	02 and 607	1508 Florida Statu	ites the a	hove	-named com	oratio	on submits this statement for the purpose of ch	anging	its registered	
office or re	egistered agent, or both, in the State	e of Florida.	Such change was	authorized	l by i	the corporati	on's b	poard of directors. I hereby accept the appointment	nent as	registered	
agent. I ar	n familiar with, and accept the oblig	ations of, Se	ection 607.0505, Fl	orida Statı	ites.					f	
SIGNATURE								reinstating) DATE			
	Signature, typed or printed name of registered ag				Agen	t signature require		ADDITIONS/CHANGES TO OFFICERS AND	UIDEC.	TOPS IN 12	
12.	OFFICERS A	ND DIRECT	DELETE	13.	n c				Chang		
TITLE	PD DOMAIN		□ OECE IE					,		,	
NAME	SNYDER, RONALD L			1.2 NA							
STREET ADDRESS	3024 LA MIRAGE DRIVE	M10		1.3 \$7	REET	ADDRESS				}	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319-4	266 7		_	TY-ST	-ZIP				- Claddian	
TITLE	รเบ		☐ DELETE	2.1 ∏	ſLΕ	ļ		l	Chang	ge 📋 Addition	
NAME	SNYDER, JOYCE A			2.2 NA	ME	İ					
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NAME				3.2 N	ME		,	•		Ì	
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NAME				4.2 N	AME						
STREET ADDRESS						ADDRESS					
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NAME				ı		ADDRESS				į	
STREET ADDRESS				5.4 CI						Ì	
CITY-ST-ZIP			□ DELETE	6.1 TI		-211			Chang	e Addition	
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NAME				6.2 N/							
OTOFFT ADDRESS				■ 6.3 S1	REET	ADDRESS		i contract of the contract of			

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 of 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

RONALO LO SNYOBL

6/41 954-749-6112 Daytime Phone # CR2E034 (11/98)