

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000028998 (9)
 1. Corporation Name
SNACK SHACK INC.



Principal Place of Business: 10231 N.W. 53RD STREET, SUNRISE FL 33351
 Mailing Address: 10231 N.W. 53RD STREET, SUNRISE FL 33351

3. Date Incorporated or Qualified: 04/07/1995
 3a. Date of Last Report: [blank]
 4. FEI Number: 65-0576745
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 [blank]
 Suite, Apt. #, etc: 22 [blank]
 City & State: 23 [blank]
 Zip: 24 [blank] Country: 25 [blank]
 2a. Mailing Address: 26 33513 NW 63RD LN
 Suite, Apt. #, etc: 27 MADLATE FL
 City & State: 28 335063 USA
 Zip: 29 [blank] Country: 30 [blank]

9. Name and Address of Current Registered Agent
GUESS, ROBERT
10231 N.W. 53RD STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent
 81 Name: [blank]
 82 Street Address (P.O. Box Number is Not Acceptable): [blank]
 83 [blank]
 84 City: [blank] FL 85 Zip Code: [blank]

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 furnishing, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature of Robert Guess] ROBERT GUESS
 Signature of Registered Agent (printed name and address) [blank] (Print Name and Address of Registered Agent (printed name and address)) [blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUESS, ROBERT	
STREET ADDRESS	10231 N.W. 53RD STREET	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 ***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature of Robert Guess] AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT GUESS
 135 JUNE 96 (95A) 341-4463
 CS 7/18/96

CR2E034 (3/96)