FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000033501

1. Corporation Name

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90053 005 ***150.00

SNEID'S INCORPORATED										
Bulancia di Blue	(B)	hástina á shina a								
Principal Place of Business Mailing Address										
3125 S. FEDERAL HIGHWAY DELRAY BEACH FL 33483 DELRAY BEACH FL 33483							DO NOT	WRITE IN THI	S SPACE	
					-	3. Date Incort	orated or Qual		O OI AOL	· · · · · · · · · · · · · · · · · · ·
					ĺ	04/24/19				
Principal Place of Business 2a. Mailing Address						4. FEI Numbe			Ар	plied For
21		26				65-05812	<u> 259 </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional See Fee Required				
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country				8. This corporation owes the current year Intangible				
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax.				
	9. Name and Address of Current	Registered Agent	-	81	Name	10. Haine and	Addiess of N	aw itagiatore	- UBerir	
SNEIDERMAN, MICHAEL			-	82 :	Street Addres	ress (P.O. Box Number is Not Acceptable)				
3125 S. FEDERAL HIGHWAY DELRAY BEACH FL 33483				83						· ·
		•	L	\perp					1 (
					City			FI		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-n	named corporation	ation submits thi	s statement for	the purpose o	of changing its	registered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statu	les.	o corporation	3 DOGIG OF GIFCO	iors. Thoroby c	coopt the app	outinoite do ros	3,010,00
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered /	lgent si	signature required w	when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/	CHANGES TO	OFFICERS A		
TITLE	OPT	☐ DELETE	1.1 TITL	£					☐ Change	☐ Addition
NAME	SNEIDERMAN, MICHAEL		1.2 NAM	Æ						
STREET ADDRESS	3125 S FEDERAL HWY		1.3 STR	EET AC	DDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP			<u> </u>		C (******	C Addition
TITLE	VP	☐ DELETE	2.1 TTL						Change	☐ Addition
NAME	SNEIDERMAN, DAVID		2.2 NAN							
STREET ADDRESS	3125 S. FEDERAL HWY DELRAY BEACH FL	m m m m m m m m m m m m m m m m m m m			DORESS ÷		- • · · · · · · · · · · · · · · · · · ·	~		
CITY-ST-ZIP TITLE				2.4 Crity-st-ZIP				-	☐ Change	Addition
NAME		beech	3.2 NAM				•			
STREET ADORESS			- 4		DORESS			•		
CITY-ST-ZIP			3.4. CFT							
TITLE		☐ DELETE	4.1 TITL	.E					☐ Change	☐ Addition
NAME			4.2 NA	WE						
STREET ADDRESS			4.3 STR	EET AC	DDRESS					
CITY-ST-ZIP			4.4 CITY		JIP					
TITLE (☐ DELETE	5.1 TITE						☐ Change	Addition Addition
NAME			5.2 NAM		DDDE00					
STREET ADDRESS					DDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITL		ж				☐ Change	Addition
TITLE		1 JUELE I	= V. () 1 (L							
NAME			6.2 NAM					-		

ling foes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supportion of the corporation of Block 12 or Block 13 if changed or of the corporation of th

6.4 CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR