

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000053599 (3)

1. Corporation Name
SNAPCOM, INC.



Principal Place of Business Mailing Address
2732 S.E. GAY STREET **2732 S.E. GAY STREET**
STUART FL 34997 **STUART FL 34997-5911**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	25	26	30	07/12/1995	11/25/1996
4. FEI Number		Applied For		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
65-0596369		Not Applicable		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Certificate of Status Desired		8.75 Additional Fee Required		9. Name and Address of Current Registered Agent	
<input type="checkbox"/>		\$8.75		FRIEMAN, JAMES	
6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		2230-B SPRING HARBOR DR.	
<input type="checkbox"/>		\$5.00		DELRAY BEACH FL 33445	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		10. Name and Address of New Registered Agent		81. Name	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		RUSSELL, LEON	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		82. Street Address (P.O. Box Number is Not Acceptable)		201 GEORGIAN PARK ROAD	
		83.		84. City	
				JUPITER	
				FL	
				85. Zip Code	
				33458	

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: **LEON RUSSELL** *Leon Russell* DATE: **3-20-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEMAN, JAMES	1.2 NAME	LEON RUSSELL
STREET ADDRESS	2230-B SPRING HARBOR DR.	1.3 STREET ADDRESS	201 GEORGIAN PARK ROAD
CITY- ST- ZIP	DELRAY BEACH FL 33445	1.4 CITY- ST- ZIP	JUPITER, FL 33458
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TRUEL	2.2 NAME	
STREET ADDRESS	16184 SW INDIANWOOD CR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANTOWN FL 34956	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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: *Leon Russell* DATE: **3-20-97** DAYTIME PHONE: **561-220-2403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LEON RUSSELL**

CR2E034 (9/96)