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

CORPORATION ANNUAL REPORT

1997



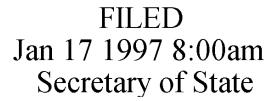
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016677 (2)

SNACK CHOICE CORPORATION





		Mailing Address C/O BURT E. EISENBURG. ESO. 4700B SHERIDAN STREET HOLLYWOOD FL 33021-3416		3. Date Incorporated or Qualified 3a. Date of Last Report 2 2 2 9 4			
2. Principal F	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u> </u>	Applied For
21		26 P.O. BOX	1704	7	65065658	7	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	101	.75 Additional ee Required
City & State		City & State		* Floring Committee Floring			
23		1 -	28 PLANTATION FLA.		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Cour		8. This corporation has liability for		
24	25	29 33318	30 (L.S.A.		Yes No	100.00.,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	enburg, burt e esq.		- 1	Name			
4700		-	32 Street Add	Iress (P.O. Box Number is Not Accepta	ole)		
HOL	LYWOOD FL 33021			33			******
			L				
			[-	34 City		FL 85	Zip Code
SIGNATURE		ID DIRECTORS	13.		olred when reinstating) ADDITIONS/CHANGES TO OFFI		
THILE	DANZADOLA LINDA	DELETE	11711	£		Cr	nange [] Addition
NAME	PANZARELLA, LINDA POST OFFICE BOX 17047	1/A	1.2 NA/	İ			
STREET ADDRESS	PLANTATION FL 33318-7047	/Λ	1	EET ADDRESS			
CITY-ST-7:P	TEATTATION TE SOSTO-7047	DELETE	2.1 Tiff	Y-S1-ZIP		Cr	hange Addition
NAME		□ betterk	2.2 NAF				angsnoution
STREET ADORESS			1	EET ADDRESS			
CITY-Sf ZIP				Y-ST-ZIP			
TITLE		DELETE	3 1 TiTi			□ CI	nange Addition
NAME		**************************************	3 2 NAI	ì			
STREET ADDRESS				EET ADDRESS			
City - S1 - ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		DELETE	4.1 Till			CI	hange Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 CIT	Y-SI-ZIP			
JITLE		☐ DELETE	5.1 TITE	.E .		☐ cł	hange Addition
NAME			5 2 NA	NE [
STREET ADDRESS			5 3 STF	EET ADDRESS			
CITY-ST-ZIP		T be ere		r-ST-ZIP			honon Talane
TITLE		☐ DELETE	6 1 TiT				hange Addition
NAME			6.2 NA	i			
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP	<u> </u>		64 CII	Y-ST-ZIP			

14. I do hereby certify that the information supplied with this filling 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 Bl

SIGNATURE: