

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

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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044860 (0)
1. Corporation Name
SNAVEX COMMUNICATIONS CORP.



Principal Place of Business 3753 SPEAR POINT DRIVE ORLANDO FL 32837	Mailing Address 3753 SPEAR POINT DRIVE ORLANDO FL 32837-5804
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/28/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3384371	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EVANS, CARL G 3753 SPEAR POINT DRIVE ORLANDO FL 32837		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP	1.2 NAME	1.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY - ST - ZIP	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY - ST - ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for an 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: **CARL G. EVANS** *Carl G. Evans* 3/25/97 407 438-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)