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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075242 (3)

FILED Feb 16 1998 8:00am Secretary of State

	SNACK SHOP, INC.					
Principal Place		•	Mailing Address			1141 61616 1161 1261
48 PLANTATE			1225 45TH COURT S.W.			
VERO BEACH	1 FL 32800	ACHO DENOU LE 358	VERO BEACH FL 32968		DO NOT WRITE IN THI	S SPACE
]					3. Date Incorporated or Qualified	
					09/09/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0702098	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		Ctty & State			Fee Required	
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country Zip		Country		Tract / Grid Schill Schion	
24	25	29	30	,	This corporation owes or has paid the operational Property Tax due June 30.	Yes No
-71	g. Name and Address of Curre	Ł	1901		10. Name and Address of New Registers	
RI	OCK, SAMUEL A			B1 Name		
2127 TENTH AVENUE				B2 Street Ac	Idean (D.O. Day Mariner in Not Assessable)	
	RO BEACH FL 32960			Street Ac	dress (P.O. Box Number is Not Acceptable)	
7 40-1	52.1011 12 5255		į.	B3		
			-			1.51 5 6 7
				B4 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE						
OIGHATORE.	Signature, typed or printed name of registered as		OTE Registered	Agent signature re	quired when reinstating) DATE	
12.		AD DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	☐ DELETE	1.1 TIT			Change Addition
NAME	HAMILTON, TERRY M		1.2 NA			
STREET ADDRESS	5197 FAIRWAY DR.			EET ADDRESS		
CITY-ST-ZIP	AVON IN 46168	DELFTE		Y-ST-ZIP		Change Addition
TITLE	[_] otti it		2.1 1/1		·	Claride D vontion
NAME			2.2 NAJ			Į.
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 UI 3.1 TII	Y-ST-ZIP		☐ Change ☐ Addition
NAME		L. 0.1111	3.2 NAI			
STREET ADDRESS			1	EET ADDRESS		ł
				Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 111			Change Addition
NAME			4 2 NA	1		
STREET ADDRESS				EET ADDRESS		1
CITY-ST-ZIP				Y-ST-ZIP		}
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NAJ	AE .		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		<u> </u>
TITLE		DELETE	6.1 717			Change Addition
NAME			62 NA	AE .		
STREET ADDRESS			63 STF	EFT ADDRESS		1
CITY-ST-ZIP				Y-ST-ZIP		
	ertify that the information supplied i	with this filing does not qualif-			in Section 119.07(3)(i), Florida Statutes. I further	certify that the Information

4. I 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 earl; 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.

IGNATURE: TONAL M. Hamilton 1/8/98 (561) 562-7080