

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

FILED

Apr 14 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 # **P96000084738 (9)**

1. Corporation Name
SNAPPY, INC.

Principal Place of Business
**217 WEST HIBISCUS BLVD.
MELBOURNE FL 32901**

Mailing Address
**217 WEST HIBISCUS BLVD.
MELBOURNE FL 32901-3044**



2. Principal Place of Business 21 1716 Ocean Shore Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 1716 Ocean Shore Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report
22 City & State 23 Ormond Beach, Florida		27 City & State 28 Ormond Beach, Florida		4. FEI Number 59-3405234	Applied For <input type="checkbox"/> Not Applicable
24 32176 25 USA		29 32165 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAGANO, ALBERTO S 25 W NEW HAVEN AVE SUITE E MELBOURNE FL 32902-0897		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDI, DINESH	1.2 NAME	
STREET ADDRESS	217 W HIBISCUS BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDI, MANHAR	2.2 NAME	
STREET ADDRESS	217 W HIBISCUS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARUCHA, MEHUL	3.2 NAME	D
STREET ADDRESS	217 W HIBISCUS BLVD.	3.3 STREET ADDRESS	Bharucha, Mehul
CITY - ST - ZIP	MELBOURNE FL 32901	3.4 CITY - ST - ZIP	36 Azalea Drive
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARUCHA, KALPANA	4.2 NAME	D
STREET ADDRESS	217 W HIBISCUS BLVD.	4.3 STREET ADDRESS	Bharucha, Kalpana
CITY - ST - ZIP	MELBOURNE FL 32901	4.4 CITY - ST - ZIP	36 Azalea Drive
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/97

Date

904-441-5549

Daytime Phone #

CR2E034 (9/96)