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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000084738 (9)

FILED Mar 26 1998 8:00am Secretary of State

| SNAPP | Y, INC. | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------|-----------------------------------------|-------------------------------------------------------|----------------------|-------------------------------------------------|--------------------------|--------------------------|
| Principal Plac | e of Business | Mailing Address | | | - | — | .Filel Form Filel Island | |
| · · | SHORE BLVD | ~ | 1716 OCEAN SHORE BLVD | | | | | |
| | | | BCH FL 32165 | | | | | |
| US US | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| Principal D | flace of Business | A. 18000- 844 | | | | 10/11/1996 | | |
| | lace of Business | <u> </u> | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| Suite, Apt. | #. elc | 26 Suite Ant # | Suite, Apt. #, etc. | | | 59-3405234 | | Not Applicable |
| 22 | ., | <u> </u> | 27 | | | 6. Certificate of Status Desired | | 5 Additional Required |
| City & Stat | е | City & State | | | | 8. Election Campaign Financing | | 0 May Be |
| 23 | | 28 | 28 | | | Trust Fund Contribution | | ed to Fees |
| Zip | Country Zip | | _ Co | Country | | 8. This corporation owes or has paid to | he current year | Intangible |
| 24 | 25 | 29 | 30 | 30 | | Personal Property Tax due June 30. | Yes | □No |
| | g, Name and Address of Curre | ent Registered Agent | | 100 | | 10. Name and Address of New Regist | tered Agent | |
| | gano, alberto s | | | 81 | Name | | | 1 |
| 25 W NEW HAVEN AVE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE E MELBOURNE FL 32902-0897 | | | | 63 | | | | |
| ME | LBOURNE PL 32902-0897 | | | | | | | İ |
| | | | | 84 | City | . , , , , , , , , , , , , , , , , , , , | B5 Zij | p Code |
| 11 Pursuant | to the provisions of Sections 607.05 | 502 and 607 1508. Floric | la Statutae tha a | hove | named core | aration authorite this eleterment for the mura | FL 65 21 | |
| 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. | | | | | | | | |
| | m lamiliar with, and accept the obli | gations of, Section 607.0 | 0505, Florida Sta | tutes | i, | | | - |
| SIGNATURE | Signature, typed or printed name of registered as | gent and title if applicable | (NO1E: Registers | d Age | nt signature require | ed whon reinstating) | DATE | |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | ORS IN 12 |
| TITLE | D | ☐ DE | DELETE 1.1 TIT | | | 1 | ☐ Change | |
| NAME | GANDI, DINESH | | 1.2 NAME | | | | |]. |
| STREET ADDRESS | 217 W HIBISCUS BLVD. | | 1.3 ST | | ADDRESS | | | l. |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | | ITY-S | T-ZIP | | | |
| TITLE | D MANUAR | L DEI | | | | | L Change | Addition |
| NAME | GANDI, MANHAR 217 W HIBISCUS BLVD. | | 2.2 N | | | | | |
| STREET ADDRESS | MELBOURNE FL 32901 | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | D D | DE(| | HTY-S | T-ZIP | | | |
| NAME | BHARUCHA, MEHUL | L_J DEI | • • • • • • • • • • • • • • • • • • • • | | | | Change | Addition |
| STREET ADDRESS | 36 AZALEA DR | | 3.2 N | | ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BCH FL | | | ITY-S | | | | 1 |
| TITLE | Ď | ☐ DEL | | | 1-219 | | Change | Addition |
| NAME | BHARUCHA, KALPANA | | 4.2 h | | | | | 7.00,110,11 |
| STREET ADDRESS | 36 AZALEA DR | | | | ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BCH FL | | | TY-ST | · | | | ŀ |
| TITLE | | □ D£t | | | | | ☐ Change | Addition |
| NAME | | | 5.2 N | AME | | | | |
| STREET ADDRESS | | | 5.3 ST | rreet A | address | | | 1 |
| CITY-ST-ZIP | | | | TY-ST | - ZIP | | | |
| TITLE | | ☐ DEL | ETE 6.1 TI | TLE | | | Change | Addition |
| NAME | | | 6.2 N | AME | | | | |
| STREET ADDRESS | | 4 | 6.3 \$1 | REET A | AODRESS | | | ŀ |
| CITY-ST-ZIP 14. Thereby certify that the information supplied with this Decg does not qualify for | | | | TY-ST | | 2 | | |
| Tet I HEIEDY C | orany mandro miormation supplied v | wiri tirs Damicio Odas nol (| ADMINITY FOR THE EXE | ampti | ion stated in S | Section 119.07(3)(i), Florida Statutes, I furth | her certify that th | ie information |

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in