

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030113 (9)

1. Corporation Name

MARDI GRAS SNOBALLS, INC.



Principal Place of Business

Mailing Address

445 HAMDEN DR
CLEARWATER FL 34630

445 HAMDEN DR
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3439556	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PROVOSTY, MICHEL O JR 445 HAMDEN DR CLEARWATER FL 34630				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	Michel O. Provosty, Jr	445 Hamden Dr	Clearwater, FL 33767	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Catharine K. Provosty, Jr	445 Hamden Dr	Clearwater, FL 33767	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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: Michel O. Provosty, Jr 4/7/98 413-500-1025

CR2E034 (10/97)