

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

FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000049739 (0)

1. Corporation Name

S.N.S. PROPERTIES, INC.



Principal Place of Business

Mailing Address

3620 PARK CENTRAL BLVD., NORTH  
POMPANO BEACH FL 33064

3620 PARK CENTRAL BLVD., NORTH  
POMPANO BEACH FL 33064

1003 E. NEWPORT CENTER DR.  
DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

65-0783317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, IRA L ESQ.  
MANDEL, SIMOWITZ, WEISMAN, ET AL  
2101 CORPORATE BLVD., SUITE 300  
BOCA RATON FL 33431

81 Name

RYAN, SHAWN P

82 Street Address (P.O. Box Number is Not Acceptable)

3620 PARK CENTRAL BLVD, NO.

83

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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 D  
NAME RYAN, SHAWN P  
STREET ADDRESS 2370 N.E. 28TH STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

☐ DELETE

TITLE D  
NAME RYAN, SUSAN A  
STREET ADDRESS 2370 N.E. 28TH STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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.

CR2E034 (10/97)