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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000062989 (3)

SNR ENTERPRISES OF FORT LAUDERDALE, INC.

FILED Mar 04 1998 8:00am Secretary of State



						FOLL POLLS BYTTE OBILL DAIL		1911 1191 1911
•	ce of Business	Mailing Addre	ess				A.110 11E1E 121E1	
2151 BLOUNT ROAD 2151 BLOUNT ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 3								
POMPANO	BEWOH LT 3308A	POMPANO	POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or			
					07/21/1997			
2. Principal Place of Business		2a, Mailing A	2a. Mailing Address		4. FEI Number		T A	oplied For
21		26	<u>, </u>		65-0773100			ot Applicabl
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			Desired		Additional
22		27			5. Certificate of Status I	Desireo 🗀		equired
City & Sta	ate	City & Sta	ate		6. Election Campaign F		\$5.00	May Be
23		28			Trust Fund Contributi	ion 🔲	Added	to Fees
Zip	Country	Zip	<u> </u>	Country	8. This corporation owe	•		
24	[25]	[29]	30)	Personal Property Ta			XNo
	9. Name and Address of Cui	rent Registered Ager	<u>nt </u>	81 Name	10. Name and Address	of New Registered	Agent	
	SAVIR, ISRAEL			81 Name				
	2151 BLOUNT ROAD			82 Street Ad	dress (P.O. Box Number is No	ot Acceptable)		
Į	POMPANO BEACH FL 33069							
				83				
				84 City			85 Zip	Code
						FL	_ 1 1	
	to the provisions of Sections 607 registered agent, or both, in the St am familiar with, and accept the of	oligations of, Section 6	i07.0505, Florida	la Statutes.	acion o board or directors. Prio	accept the ap	,	
agent. I i	Signature, typed or printed name of registered			egistered Agent signature red	quired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered	Lagent and title if applicable AND DIRECTORS				DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of registeric	Lagent and title if applicable AND DIRECTORS	(NOTE Re	egistered Agent algnature rec	quired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registration OFFICERS	Lagent and title if applicable AND DIRECTORS	(NOTE Re	egistered Agent algnature red 13. 1.1 TITLE	quired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registerior OFFICERS D SAVIR, ISRAEL	agent and tille if applicable AND DIRECTORS	(NOTE Re	egistered Agent alignature red 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registration OFFICERS D SAVIR, ISRAEL 2151 BLOUNT ROAD	agent and tille if applicable AND DIRECTORS	(NOTE Re	egistered Agent signature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registration OFFICERS D SAVIR, ISRAEL 2151 BLOUNT ROAD	agent and tille if applicable AND DIRECTORS	(NOTE Re	egistered Agent algnature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	quired when reinstating)	DATE	D DIRECTOR	RS IN 12
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(954) 984-8425