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

FILED May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthalm Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000071098 (2) DOCUMENT # SNIAFA AND CO., INC. Mailing Address Principal Place of Business 1617 N FLAGLER DR STE 104 1617 N FLAGLER DR STE 104 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/15/1997 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country  $Z_{(1)}$ Country 8. This corporation owes or has paid the current year Intargible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name VANSCHEPEN, BRENDA DEE 1617 N FLAGLER DR STE 104 **B2** Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 83 84 City Zip Code 85 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, typod or printed naise of registered agent or disteril if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFF, cer DELETE 1,1 TITLE ☐ Change Addition Brenda D. VanSchepen 1.2 NAME 150th CT STREET ADDRESS 1.3 STREET ADDRESS Sup. tel CITY-ST-ZIP 1.4 CITY-ST-ZIP President DELETE Change ■ Addition TITLE 2.1 TITLE Hector C. May 2.2 NAME NAME STREET ADDRESS 2.3 STREET AODRESS Palm Beach, A. CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby 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

6 1 THLE

62 NAME

6.3 STREET ADDRESS

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Brenda A Van Schegen 4/ANGE (541) 832.3945 IGNATURE: