PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000035535

1. Corporation Name

BICHARD SNOW CORP

rincipal Place of Business	Mailing Address
200 N. 29TH AVE.	3200 N. 29TH AVE.
KOLLYWOOD FL 33020	HOLLYWOOD FL 33020

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90011 041 ***150.00



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3200 N. 29TH AVE. 3200 N. 29TH AVE.								
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020								
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ļ	ř				3. Date Incorporated or Qualifed			1
					04/16/1998	114	find Fa-	ĺ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 0835054	<u> </u>	Applicable	1
21		28			05-013302	\$8.75 A		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	→ Do./ D A			
22				A Clastica Compaign Figuresian	\$5.00			
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	Added to	• •	
23	· Country	28	Coun	trv	8. This corporation owes the current year			ı
Zip	[25]	29	30	,	Personal Property Tax.		□No	i
24	9. Name and Address of Currer		1301		10. Name and Address of New Registers	d Agent		İ
	9. 1001110 0110 71101			1 Name				İ
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169	E. FLAGLER ST.		l,	Street Addr	ress (P.O. Box Number is Not Acceptable)			Í
MIAI	NI FL 33131		1	13				
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j	•		18	L4 City	· F	85 Zip C	.00e	
44 Pursuant	to the provisions of Sections 607.056	22 and 607.1508. Florida Statut	es, the abo	ve-named comp	poration submits this statement for the purpose	of changing its	registered	İ
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized !	by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered	
agent la	m familiar with, and accept the obliga	ations of, Section 607.0505, Pio	nga stawi	43.				l
SIGNATURE								
	Stonenum typed or printed name of recistered ace	ot and title if applicable. (NOTE	: Registered A	gent signature required	d when reinstating) DATE			ଳ
<u> </u>	Signature, typed or printed name of registered age OFFICERS At	rt and title if applicable. (NOTE ND DIRECTORS	: Registered A	gent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS (AND DIRECTO		86/
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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 trustae 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, with all other like empowered.

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GRATURE AND TYPEO OF P	RINTED NAME OF B	GHING OFFICER OR DIRECTO
PIRALAR	DRAW.	President
/CCC/C/C	/ /	•