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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

SNAKSTOP, INCORPORATED

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3015 N OCEAN BLVD 3015 N OCEAN BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3015 N. Ocean Blud. 65-0290956 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 111 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be (auderdale 23 Trust Fund Contribution Added to Fees 20 33308 Zip Country 8. This corporation owes or has paid the current year Intangible 30 Drowarc 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SALOMONE, JEANNE M ESQ. 10mone 3015 N. OCEAN BLVD. 82 STE. 107 FORT LAUDERDALE FL 33308 83 Pursuant to the provisions of Sections 607.0502 and 607 office or recistered agent, or both, in the State of Florida agent. I am amiliar with, and accept the obligations of, 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent alignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1,1 TITLE SALOMONE, JEANNE NAME 1.2 NAME 5te 111 3015 NORTH OCEAN BLVD., SUITE 107 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP O DELETE Change Addition 2.1 TITLE TITLE JOAN LENORA MOORE 2.2 NAME NAME Sie III 3015 N OCEAN BLVD., #107 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 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 3.4, CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-7IP TITLE DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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 13 if chapter 607 or on an attachment with an address.

SIGNATURE:

197 564-245