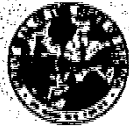


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 10 PM 12:54

**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S96931 (8)

**1. Corporation Name
SNO 2 GO, INC.**

**Principal Place of Business Mailing Address
150 BURBANK ROAD 150 BURBANK ROAD
SUITE 4 SUITE 4
OLDSMAR FL 34677 OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/25/1991 3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3095330 Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip Country 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

**9. Name and Address of Current Registered Agent
KERSTING, JOHN
150 BURBANK ROAD
SUITE 4
OLDSMAR FL 34677**

**10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPSI
NAME	KERSTING, JOHN
STREET ADDRESS	150 BURBANK RD. SUITE 4
CITY - ST - ZIP	OLDSMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir/Pres/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KERSTING, JOHN	
1.3 STREET ADDRESS	150 BURBANK RD. #4	
1.4 CITY - ST - ZIP	OLDSMAR, FL. 34677	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAMPBELL, VICKIE A.	
2.3 STREET ADDRESS	150 BURBANK RD. #4	
2.4 CITY - ST - ZIP	OLDSMAR, FL. 34677	
3.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SPAUNAGLE, MARVIN	
3.3 STREET ADDRESS	150 BURBANK RD. #4	
3.4 CITY - ST - ZIP	OLDSMAR, FL. 34677	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, Change, or as an attachment with an address.

SIGNATURE: *Kerstin M. Kersting* *Vickie A. Campbell* *3/27/95* *915-855-4871*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number