FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# MAS

1. Corporation	IN SNYDER, INC.								
Principal Place of Business Mailing Address						T IMPLI MISORL BINES CORNE INCLE BINES CORE	(\$16 B)B() B	1811 61811	Tiell claif lost
8000 N. BROWARD BLVD. 4317 WASHINGTON ST. 5008 BROWARD MALL HOLLYWOD FL 33021-7643 FT. LAUDERDALE FL 33388 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	•					l •			ļ
						07/06/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	•	+	oplied For
21		26			65-0343309	á		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	4		Additional equired	
22		27							
¬ '	6 	Line City & State			6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees				
23	Country	28	Cou	unto/		Trust Fund Contribution			to rees
Zip	' <u></u> _ '		· — ·			B. This corporation owes the current year Intangible Personal Property Tax. □Yes □No			
24	25	129	30	1		10. Name and Address of New Registe			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Haille and Address of New Registe	iou Age		
SNYDER, SHELDON 4317 WASHINGTON ST HOLLYWOOD FL 33021				82		Address (P.O. Box Number is Not Acceptable)			
				84	City		FL 8	5 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang	e was authorize	d by i	the corporation	ration submits this statement for the purpos 's board of directors. I hereby accept the a	e of cha	nging its ant as re	registered egistered
	Signature, typed or printed name of registered ager		(NOTE: Registered	d Agen	st signature required v				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D ·	☐ DELETE 1.1					ᆫ) Change	☐ Addition
NAME	Snyder, Sheldon			AME					
STREET AODRESS	4317 WASHINGTON ST		1.3 S	TREET	ADDRESS				1
CITY-ST-ZIP				ITY-ST	T-ZIP				
TITLE	D	☐ DELETE 2.11		TLE				Change	Addition
NAME	Snyder, eileen -	, EILEEN - 22h		AME					
STREET ADDRESS	4317 WASHINGTON ST		2.3 S	TREET	ADDRESS				Į.
CITY-ST-ZIP	HOLLYWOOD FL			СПҮ-\$	T-ZIP				
TITLE "	D	DE	LETE 3,1 T	ITLE .	2.00			Change	Addition
NAME	SNYDER, ZINA LYNN		3.2 N						ĺ
STREET ADDRESS	4317 WASHINGTON ST		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			4. CITY-ST-ZIP					
TITLE ,			LETE 4.1 T	ITLE				Change	Addition
NAME			4.21	MAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS	·			
CITY-ST-ZIP				ITY-S	T-ZIP	<u> </u>			
TITLE							L.	Change	☐ Addition
NAME				IAME					
STREET ADDRESS					[ADDRESS				ł
CITY-ST-ZIP				ITY-S	T-ZIP	•			
TITLE								Change	☐ Addition
NAME	1		6.2 N	AME	1				!

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP .-

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS