

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

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V66459 (1)**

1. Corporation Name  
**SNS FINANCIAL LIMITED, INC.**



Principal Place of Business <b>2000 W. COLONIAL DRIVE ORLANDO FL 32804</b>	Mailing Address <b>2000 W. COLONIAL DRIVE ORLANDO FL 32804</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3701 W. Colonial Dr.</b>	2a. Mailing Address 26 <b>3701 W. Colonial Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Orlando, FL</b>	City & State 28 <b>Orlando, FL</b>
Zip 24 <b>32808</b>	Country 25 <b>Orange</b>
29 <b>32808</b>	Country 30 <b>Orange</b>

3. Date Incorporated or Qualified <b>09/21/1992</b>	
4. FEI Number <b>59-3144254</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NESHEIM, PAMELA  
2000 W. COLONIAL DRIVE  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name <b>Pamela Nesheim</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>3701 W. Colonial Dr.</b>		
83		
84 City <b>Orlando</b>	85 State <b>FL</b>	86 Zip Code <b>32808</b>

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 *P. Nesheim* **President Pamela J. Nesheim** **6/9/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PTDS</b>	<input type="checkbox"/> DELETE
NAME <b>NESHEIM, PAMELA</b>	
STREET ADDRESS <b>1743 FIFYSHINE CT.</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>SIMON, EUGENE A.</b>	
STREET ADDRESS <b>100 WISTERIA DR</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PTDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Nesheim, Pamela</b>	
1.3 STREET ADDRESS <b>1743 Fife, shine Ct.</b>	
1.4 CITY-ST-ZIP <b>Longwood, FL 32779</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 changed, or on an attachment with an address.

SIGNATURE *P. Nesheim* **President Pamela J. Nesheim** **6/9/98**

CR2E034 (10/97)