FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN 15 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 392982 (5)

1. Corporation Name
SANDPIPER LOFT, INC.

Principal Place of Business	Mailing Address
US 1 WALDORF PLAZA 11 BARRACUDA LA KEY LARGO FL 33037 US	US 1 WALDORF PLAZA 11 BARRACUDA LA KEY LARGO FL 33037 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1971
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1406613	Applied For / Not Applicable
21	26 Sandpiper Loft Inc		
Suite, Apt. # etc. 22: 31 Ocean Reef Dr	Suite, Apt. # etc. 27: 31 Ocean Reef Dr.	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23: Key Largo FL	City & State 28: Key Largo FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33037 Country 25: US	Zip 29: 33037 Country 30: US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

REYNOLDS, WINIFRED S
INDIAN MOUNT TRAIL
TAVERNIER FL

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 _____ DATE
(Signature required when registered agent is appointed) (NOTE: Registered Agent Signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, WINIFRED	12 NAME	
STREET ADDRESS	159 INDIANMOUND TRAIL	13 STREET ADDRESS	
CITY ST ZIP	TAVERNIER, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, WINIFRED	22 NAME	800001515368
STREET ADDRESS	159 INDIANMOUND TRAIL	23 STREET ADDRESS	-06/16/95--01045--016
CITY ST ZIP	TAVERNIER, FL 00000	24 CITY ST ZIP	****208.75 ****208.75
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, R.J.	32 NAME	
STREET ADDRESS	159 INDIANMOUND TRAIL	33 STREET ADDRESS	
CITY ST ZIP	TAVERNIER, FL 0	34 CITY ST ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	PERDUE, BARBARA	42 NAME	
STREET ADDRESS	OCEAN REEF CLUB,BX 100B	43 STREET ADDRESS	
CITY ST ZIP	KEY LARGO FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, SANDRA	52 NAME	
STREET ADDRESS	334 MAHOGANY	53 STREET ADDRESS	
CITY ST ZIP	KEY LARGO FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RC

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 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: _____ 3/5/95 305-367-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

D0000434 CP