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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 21 1998 8:00am Secretary of State

1. Corporation Name SANDPIPER LOFT, INC.  Principal Place of Business SANDDIPIPER LOFT INC.										DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/20/1971					
2. Principal Place of Business 21				2a. Mailing Address 25						4. FEI Number 59-1406613		-	Applied For	7	
Suite, Apt. #, etc.				Suite, Apt. #, etc.									Not Applicable  Additional	+	
22				27						5. Certificate of Status Desired		Fee	Required		
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			Zip Co			Country			8. This corporation owes or has pa	-	-		1	
24	25 9. Name and Address of Current			29]   30						Personal Property Tax due June 10. Name and Address of New Re		Yes	∐ No	4	
DE		WINIFRED S	Hegi	stetec wasu			81	Name		10, Name and Address of New Ki	egistered A	gent		1	
	DIAN MOU						B2	Street	Addroi	ss (P.O. Box Number is Not Acceptal	200			4	
TAVERNIER FL								Sieer	A SIGNATURE OF THE STANDING TO						
							83								
						ľ	84	City			FL	85 Z	p Code	1	
11. Pursuant office or r agent. I a SIGNATURE	ım <b>fa</b> miliar wi	ith, and accept the obligat	tions o	of, Section 60	7.0505, FI	orida Stati	utes	<b>S</b> .		ration submits this statement for the n's board of directors. I hereby acce		changing intment	j its registered as registered		
12.	Signature, typied	or printed name of registered agent OFFICERS AND			(NOI	E Registered	Age	nt signature	required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTI	ORS IN 12	18	
TITLE	PST						1.1 TITLE		<u> </u>	ADDITIONO/OFFANGES TO OFFI	JENO AIND	Chang		ļ	
NAME	REYNOLDS, WINIFRED			1.5			1.2 NAME							R2E034 (10/97	
STREET ADDRESS	TAVEDNIED EL 00000			1.3			1.3 STREET ADDRESS								
CITY+ST-ZIP	D	NEH, FL UUUUU			DE: ETC	1.4 011		T-ZIP		<u>-</u>		T Observe	. The same		
TITLE NAME		LDS, WINIFRED			DELETE	2.1 TIT 2.2 NA					ı	Chang	e L. Addition	1	
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NAME	PERDUE, BARBARA			•			3.2 NAME								
STREET ADDRESS							REET.	ADDRESS							
CITY-ST-ZIP	KEY LARGO FL						3.4. CITY-ST-ZIP					Chana	Addition	-	
TITLE NAME	FERNANDEZ, SANDRA						4.1 TITLE 4.2 NAME				1	Chang	e L Addition		
STREET ADDRESS	BOA MANIOOMANY						4.2 NAME 4.3 STREET ADDRESS								
CITY-ST-ZIP	KEY LARGO FL							I - ZiP							
TITLE	<del></del>				DELETE	5.1 TIT						Chang	Addition	1	
NAME	£				5.2 NA		IAME							1	
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TITLE					DELETE	6.1 TIT					ı	Chang	e Addition	'	
NAME OTDEET ADDRESS						6.2 NA		1DDDCCA							
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP	ertily that the	o information supplied will	h this	filina does no	ol qualify fo	6.4 CIT			L and in Sa	ection 119 07/3)(i) Florida Statutes I	further cer	lify that t	he information	4	

reflect complete the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Former 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, on on an attachment with an address.