Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

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

PROFIT CORPORATION' ANNUAL REPORT

1999

Principal Place of Business

5114 GULF OF MEXICO DRIVE

C/TY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

· <del></del>	
DOCUMENT #	652453
1 Cornoration Name	

WHITE SANDS OF LONGBOAT, INC.

LONGBOAT KEY FL	34228-2006	LONGBOAT KEY FL 34228-2006			
2. Principal Place	of Business	2a. Mailing Address			
21		26			
Suite, Apt. #, et	c.	Suite, Apt #, etc.			
22		[27]			
City & State		City & State			
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
	Name and Address of C.	rant Danietarad Agent	**		

Mailing Address

5114 GULF OF MEXICO DRIVE

APPENTS OF

99 FEB 15 ##11:55

SECRETARY OF STATE TALLAMASSEE, FLORIDA

Date Incorporated or Qualifed
 01/16/1980
 FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax

59-1968853



DO NOT	WRITE	IN THIS	SPACE
--------	-------	---------	-------

HANKIN, LAWRENCE M. ATTORNEY  100 NORTH PINEAPPLE, STE. #6  SARASOTA FL 33577		82	Street	Address (P.O. Box Number is Not Acceptable)				
Orq	NOOTH IE WOTT		83					
			84	City		FL  85	Zıp C	ode
office or r	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of FI in familiar with, and accept the obligations	orida. Such change was aut	thorized by	the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of chance	ing its i t as reg	egistered istered
SIGNATURE								
12.	Signature, typed or printed name of registered agent and OFFICERS AND D			t signature r	aquired when reinstating) DATI		ECTO	20 IN 12
TITLE	D OFFICERS AND D	DELETE	11.1111.6	••	ADDITIONS/CHANGES TO OFFICERS		hande	F) Add-tion
_	F ALIGED ANIDOAV I	C) Decete				LV	ionge	F.1 V00.80U
NAME	KLAUBER, MURRAY J.		1.2 NAME		70000277	1-1-1	17.	7
STREET ADDRESS	1620 GULF OF MEXICO DR.		13 STREET		70000277 -02/17/99	010	7	011
CITY-ST-ZIP	LONGBOAT KEY FL	~	14 CiTY-ST	-ZiP	****150.	75 - Jan	**1	n. 75
TITLE	V	[]] DELETE	21 TITLE		44441301	. Clc	nange	Addition
NAME	CHIPMAN, ROBERT		22 NAME					
STREET ADDRESS	276 COLONY STREET		23 STREET	ADDRESS				
CITY-ST-ZIP	WINNIPEG MANITOBA CA		2 4 CITY-S	T-ZIP				
TITLE	\$	☐ DELETE	31 TITLE		S	<b>1</b> %1 €	hange	[]] Addition
NAME	SAUNDERS, MICHAEL		3 2 NAME		Saunders, Michael			
STREET ADDRESS	61 SOUTH BLVD OF PRES		33STREET	ADDRESS	1801 Main Street			
CITY-ST-ZIP	SARASOTA FL		34. C/TY-S	T-ZIP	Sarasota, FL 34236			
TITLE	T	[] DELETE	4 1 TITLE	==		C	hange	[] Addition
NAME	GOODY, CHRISTOPHER		4 2 NAME				-	
STREET ADDRESS	670 FAIRMILE ROAD		4.3 STREET	ADDRESS				
C/TY-ST-ZIP	W. VAN COUVER.BC.CAN		44 CITY-ST					
TITLE	AS	DELETE	5 1 TITLE	* "- · · · · · · · ·		[1c	hange	Addition
NAME.	EISEMAN, SAUL	<u> </u>	52 NAME				3.	
STREET ADDRESS	755 S PALM AVE.		53STREET	ADDRESS				
- 1	SARASOTA FL		54 CITY-SI					^
CITY- IT-ZIP	ONNAUTA FL	DELETE	61 TITLE			- NA	nange	ALAGIE
1		Chorrele	6 2 NAME			(W)		<i>V</i> {"`````
NAME			6.2 CTDE61	ADDOCES		$\mathcal{O}_{2}^{\prime}$	<b>イり</b>	•

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 13 if changed, or of an attachment with an address, with all other like empowered.

81 Name