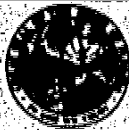


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K28278

(5)

1. Corporation Name

SANDS HARBOR, INC.

Principal Place of Business

**125 N. RIVERSIDE DR.
P.O. BOX 2814
POMPANO BCH FL 33062**

Mailing Address

**125 N. RIVERSIDE DR.
P.O. BOX 2814
POMPANO BCH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1988

3a. Date of Last Report

04/06/1994

4. FEI Number

65-0065271

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DYAL, J. PATRICK
1401 E BROWARD BLVD
SUITE 300
FT. LAUDERDALE FL 33301**

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

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

DV

NAME

AL-ZAYANI, MOHAMMAD J.

STREET ADDRESS

125 N. RIVERSIDE DR.

CITY - ST - ZIP

POMPANO BCH. FL

TITLE

PD

NAME

SEITZ, CHARLES J.

STREET ADDRESS

2501 NE 48 ST

CITY - ST - ZIP

LIGHTHOUSE PT FL

TITLE

TD

NAME

AL-ZAYANI, JASSM A.

STREET ADDRESS

125 N. RIVERSIDE DR.

CITY - ST - ZIP

POMPANO BCH. FL

TITLE

S

NAME

SEITZ, LAURA S

STREET ADDRESS

2501 NE 48TH ST

CITY - ST - ZIP

LIGHTHOUSE PT FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(3)(k), 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:

Charles J. Seitz, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
CHARLES J. SEITZ

4-11-95

Date

305-942-9100

Telephone Number