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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K28278 (5)

1. Corporation Name
SANDS HARBOR, INC.

Principal Place of Business	Mailing Address
125 N. RIVERSIDE DR. P.O. BOX 2814 POMPANO BCH FL 33062	125 N. RIVERSIDE DR. P.O. BOX 2814 POMPANO BCH FL 33062-5026

3. Date Incorporated or Qualified: 07/07/1988
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

9. Name and Address of Current Registered Agent

DYAL, J. PATRICK
1401 E BROWARD BLVD
SUITE 800
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

(81) Name: CHARLES J. SEITZ
(82) Street Address (P.O. Box Number is Not Acceptable): 101 N. RIVERSIDE DRIVE
(83) SUITE 205
(84) City: POMPANO BEACH FL (85) Zip Code: 33062

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] CHARLES J. SEITZ, PRES. 3-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AL-ZAYANI, MOHAMMAD J.		1.2 NAME		
STREET ADDRESS	125 N. RIVERSIDE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, CHARLES J.		2.2 NAME		
STREET ADDRESS	2501 NE 46 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AL-ZAYANI, JASSIM A.		3.2 NAME		
STREET ADDRESS	125 N. RIVERSIDE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, LAURA S		4.2 NAME		
STREET ADDRESS	2501 NE 46TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] Pres. 3-5-97 954-942-9100