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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

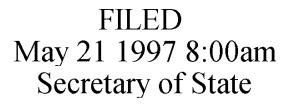
1997

DOCUMENT # L23680

1. Corporation Name

(6)

SANSFAIR REAL ESTATE, INC.



Principal Pia	AIR HEAL ESTATE, INC.	Mailing Addre			·				
1261 GULF BLVD. #119 1261 GULF BLVD. #119 CLEARWATER FL 34630 CLEARWATER FL 34630-2744				,					
						3. Date Incorporated or Qualified 10/17/1989	3a. Date of t		
2. Principal	Place of Business	2a. Mailing Ad	ldress	***************************************	·	4. FEI Number	1 0 1/20/ 10	Applied For	
21		26	, · · · · · · · · · · · · · · · · · · ·		·····	59-2976359		Not Applicable	
Suite, Ap.	t #, etc		Suite, Apt. #, etc			5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	City & Stat	City & State			6. Election Campaign Financing		5.00 May Be	
[23] Zip	Country	Zip		Country		Trust Fund Contribution		dded to Fees	
24	25	29	ļ.	30	1	This corporation has liability for in Florida Statutes	ntangible tax ur] Yes : \backsquare	ider s. 199.032,	
[24]	g Name and Address of Curr			1		10. Name and Address of New Re	<u> </u>		
GR	IASS, SHARON D.	······································		61	Name	,	—		
1261 GULF BLVD. #119				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	EARWATER FL 34630					The second secon	305 (1.0. DON HUMBOL 19 HOE NOODHADIS)		
				83					
ļ				84	City		85	Zip Code	
				1			FL "	<u> </u>	
agent t SIGNATURE						poration submits this statement for the p tion's board of directors. I hereby accep ired when renstating)	DATE	——————————————————————————————————————	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TILLE	PST		DELETE	1.1 TITLE			C) C)	nange 🔲 Addition	
NAME	GRASS, SHARON D.			1.2 NAME	-				
STREET ADDRESS				1.3 STREET	- 1				
CITY-ST-ZIF	CLEARWATER FL		DELETE	1.4 CITY - S	T-ZIP		T (-)	hange L Addition	
THE		ليا	PELETE	2.1 TITLE	.		L. 0	Karige [_] Kocillon	
NAME STREET ADDRESS				2.2 NAME 2.3 STREET	***************************************				
CITY - ST - 7IP				2.4 CITY-					
TITLE			DELETE	3.1 TITLE	31-21		CIC	hange	
NAME		-		3.2 NAME					
STREET ADORESS	s			3.3 STREET	ADDRESS				
CITY SI-71P				3.4. CITY-1	ST-ZIP				
lite			DELETE	4.1 TITLE			☐ Ct	hange Addition	
NAME				4. 2 NAME					
STREET ADDRESS	s			4.3 STREET	ADDRESS				
CITY-ST-ZIP			**********	4.4 CITY - S	iT-ZIP			····	
TITLE			DELETE	5.1 TITLE	1		C)	hange	
NAME				5 2 NAME					
STREET ADDRESS	S			5.3 STREET					
CITY-ST-ZIP			DELETT	5.4 CITY - S	ST-ZIP		F1 A	nnone Adultin-	
TOTE		U	DELETE	6.1 TITLE	-		□ CI	hange Addition	
NAME				6.2 NAME					
STREET ADDRESS	S			6.3 STREET					
CITY-ST-ZIP	1			6.4 CITY - S	T-ZIP				

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 comporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an an alternative made appears.

SIGNATURE:

aron () Grass S-15.97.813.59