


FILED
Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000391

1. Corporation Name
SANDALFOOT CENTRAL ASSOCIATION, INC.

Principal Place of Business 7932 WILES ROAD CORAL SPRINGS FL 33067	Mailing Address 7932 WILES ROAD CORAL SPRINGS FL 33067
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 01/23/1998	4. FEI Number 65-0901042	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KAYE & ROGER, P.A. C/O ROBERT L. KAYE 6261 NW 6TH WAY SUITE 103 LAUDERDALE FL 33309				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, MCKEY		1.2 NAME	Gene Calden	
STREET ADDRESS	7932 WILES ROAD		1.3 STREET ADDRESS	9273 S.W. 8 Street	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP	Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP_Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULMAN, GEORGE		2.2 NAME	Charles Henry	
STREET ADDRESS	7932 WILES ROAD		2.3 STREET ADDRESS	9440 S.W. 8 Street	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY-ST-ZIP	Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWOLFF, JOSEPH		3.2 NAME	Lois DiSanto	
STREET ADDRESS	7932 WILES ROAD		3.3 STREET ADDRESS	9370 S.W. * Street	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		3.4 CITY-ST-ZIP	Boca Raton, FL 33428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISABETH, VICTOR		4.2 NAME		
STREET ADDRESS	7932 WILES ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTLEMAN, PEARL		5.2 NAME		
STREET ADDRESS	7932 WILES ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDEN, EUGENE		6.2 NAME		
STREET ADDRESS	7932 WILES ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 3/16/99 954-344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)