

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 FEB 29 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058007**

1. Corporation Name  
**SAND DOLLAR ENTERPRISES  
4101 N. ANDREWS AVE - STE 107  
FT LAUDERDALE, FL 33309**

Principal Place of Business Mailing Address - **SAME**  
**4101 N. ANDREWS AVE, STE 107 FT. LAUDERDALE, FL 33309**  
**4101 N ANDREWS AVE STE 107 FT. LAUDERDALE, FL 33309**

**600001729936**  
**-03/04/96--01003--028**  
**\*\*\*200.00 \*\*\*200.00**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 <b>4101 N. ANDREWS AVE</b>	26 <b>SAME 4101 N ANDREWS</b>	<b>65-0637451</b>	<b>JULY 25, 1995</b>
22 <b>STE 107</b>	27 <b>SAME STE 107</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>FT LAUDERDALE, FL</b>	28 <b>SAME FT. LAUDERDALE, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33309</b>	29 <b>SAME</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JONATHAN KLINE, ESQUIRE PEMBROKE PINES PROFESSIONAL CENTER 9050 PINES BOULEVARD - STE 450 PEMBROKE PINES, FL 33024</b>		<b>WILLIAM CAMPBELL 4344 NW 9TH AVE POMPANO BEACH FL 33064</b>	

I, 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: *Laura Castro* (Printed name of registered agent) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DRES, VICE PRES, SEC, TREAS</b> <input checked="" type="checkbox"/> DELETE	1. TITLE	<b>PRESIDENT-DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAURA CASTRO</b>	2. NAME	<b>LAURA CASTRO</b>
STREET ADDRESS	<b>4344 NW 9 AVE</b>	3. STREET ADDRESS	<b>4344 NW 9 AVE</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	4. CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<b>VICE PRESIDENT-DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	<b>DIANE DUNDAS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4394 NW 9 AVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<b>SECRETARY-TREASURER-DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>RICHARD ARNOLD</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1985 SO. OCEAN DRIVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>HALLEDALE, FL 33009</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 unchanged, or on an attachment with an address.

SIGNATURE: *Laura Castro* **LAURA CASTRO - president** 2-20-96 (954) 568-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing #

CR2E034 (12/95)