Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90261 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 517534

1. Corporation Name

SANDMARK HOUSE, INC.

ONITOHIA	an noot, no						
Principal Plac	e of Business	Mailing Address			1 108:01 Elist tiblt toodi aliba lilit etat utat) Olbir Alati Alais Al	1811 61811 1881
10913 BEACH 6	BLVD.	10913 BEACH BLVD.					
P.O. BOX 16445 P.O. BOX 16445					DO NOT WRITE IN TH	UE EDACE	
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216					3. Date Incorporated or Qualifed	15 SPACE	—— <u> </u>
					10/29/1976		ĺ
O University	does of Business	2a. Mailing Address	<u> </u>		4. FEI Number	LAn	plied For
 1		26		13-2596374	— — — · · · · · · · · ·	t Applicable	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		 -		\$8.75 A	
22	11, 616.	27			5. Certificate of Status Desired		quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	<u>-</u>	8. This corporation owes the current year		_·
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	id Agent	
11101	F 14/ A		81	Name			j
WOLF, W A			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
3733 UNIVERSITY BLVD. W.			 				
JAU	KSONVILLE FL 32217		83				}
			84	City		. 85 Zip C	Code
				<u> </u>	F		
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as reg	gistered
SIGNATURE		ANOTE: De	mints tool Acco	d cianatura caquin	ed when reinstating) DATE		
42	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	VD OF FIGURE ALL	DELETE	1.1 TITLE			Change	☐ Addition
NAME	CHELIUS, RICHARD E		1.2 NAME				-
STREET ADORESS	ARRAGA PER LONG BILLED		1.3 STREET	ADDRESS !			
CITY-ST-ZIP			1.4 CiTY-S	1			
TITLE			2.1 TITLE	·		Change	Addition
NAME	CHELIUS, KERSTIN A			1			
STREET ADDRESS	JOSEP DELOUI DILID		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S		. • *		
TITLE	0.101.001.11.02.2	DELETE 3.1 TI				Change	Addition
NAME	1		3.2 NAME				•
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	}		3.4. CITY- S	IT-ZIP			
TITLE	-	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	1			
STREET ADDRESS	·		4.3 STREET	TADDRESS			-
CITY+ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition:
NAME	,		5.2 NAME	\			1
STREET ADDRESS			5.3 STREET	TADDRESS			}
CITY-ST-ZIP	}		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		_	Change	Addition
NAME			6.2 NAME				}
ATTICET ADDRESSA			6.3 STREE	TADDRESS			

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP : 🗸