## 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 # 539440

SAND LAKE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
385 WEKIVA SPRINGS ROAD	385 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779-3607	LONGWOOD FL 32779-3607

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 022 \*\*\*300.00



Principal Place		Mailing Address					-	
385 WEKIVA SPRINGS ROAD LONGWOOD FL 32779-3607			385 WEKIVA SPRINGS ROAD LONGWOOD FL 32779-3607			DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualifed 07/15/1977	017102	
2 Principal P	ace of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
— <u> </u>	(355 5) 224552	26				59-1756394		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certificate of Status Desired		5 Additional Required
22		City & State				a Flation Compaign Financing	¢5.0	May Be
City & State	<b>6</b>	<del>⊢</del> ¬ '	· -	•		6. Election Campaign Financing Trust Fund Contribution		ed to Fees
Zip	Country	28     Zip		Country		8. This corporation owes the current year In	tangible	
<b>⊢</b> ¬ `	25	29	30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
<u> </u>	5. Maine and Fladings of Carry			81	Name			
GRA	HAM, MAYO W.			-	<u> </u>	(C.C. D., M., havis Net Assentable)		
	WEKIVA SPRINGS ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
LON	GWOOD FL 32750			83				
				84	City	FL	85 Z	ip Code
5,,,,,,		Allena of Castion COT				on's board of directors. I hereby accept the appo		
agent. I a SIGNATURE	m familiar with, and accept the oblig		.U5U5, FIORGA S	statutes.		d when reinstating) DATE		
_	Signature, typed or printed name of registered ag		.U5U5, FIORDA S	statutes.		nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regist	tered Agen		o milati	ND DIREC	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD GRAHAM, MAYO W.	ent and title if applicable.	(NOTE: Regist	tered Agen		o milati		
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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, with all other like empowered.

SIGNATURE:

Daytime Phone #