

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90006 044 ***150.00

DOCUMENT # **634801**

1. Corporation Name

SANDDOLLAR BROKERAGE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1325 SNELL ISLE BLVD. NE ST. PETERSBURG FL 33704		1325 SNELL ISLE BLVD. NE ST. PETERSBURG FL 33704	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 102 Southern Oak Drive	26 102 Southern Oak Drive	59-1948653	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Plant City, FL	28 Plant City, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33566 25 Hillsborough	29 33566 30 Hillsborough		

3. Date Incorporated or Qualified	
09/04/1979	
4. FEI Number	
59-1948653	
5. Certificate of Status Desired	
<input type="checkbox"/>	
\$8.75 Additional Fee Required	
6. Election Campaign Financing	
<input type="checkbox"/>	
\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EGDORF, JON M.
1325 SNELL ISLE BLVD NE
STE 209
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name	Egendorf, Jon M.
82 Street Address (P.O. Box Number is Not Acceptable)	102 Southern Oak Drive
83	
84 City	Plant City, FL
85 Zip Code	33566

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGDORF, KAREN A.	1.2 NAME	
STREET ADDRESS	827 RUSSELL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGDORF, JON M	2.2 NAME	
STREET ADDRESS	827 RUSSELL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

1-813-719-9159

Daytime Phone #

CR2E034 (11/98)