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## 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 # 690833**

1. Corporation Name

SANDRAR DEVELOPMENT CORPORATION

O' II I DO' I	TO DEVELOT MENT OF THE	· · · · · · · · · · · · · · · · · · ·			
Principal Place	of Business	Mailing Address			
2032 HILLVIEW ST. SARASOTA FL 34239		2032 HILLVIEW ST. SARASOTA FL 34239			DO NOT MOIT IN THIS SPACE
US US					DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualified 06/10/1981
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-2120710</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	<u> </u>	27			ree Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	0		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible  Personal Property Tax.   No
24	25	29 3	01	<del> </del>	Personal Property Tax.  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent
LAMI	BRECHT, W.G.				
	RINGLING BLVD.		82	Street	Address (P.O. Box Number is Not Acceptable)
	ASOTA FL 34236		83		Land the American
2			"	Ί	
			84	City	FL 85 Zip Code
agent. I ai SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid	ia Statute	s. 	oration's board of directors. I hereby accept the appointment as registered  required when reinstating)  DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		AS Change Addition
NAME	BALLIETT, JOHN W		1.2 NAME		LAMBRECHT, WG
STREET ADDRESS	2032 HILLVIEW ST.	•	1.3 STREE	T ADDRESS	4 = 6
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-	ST-ZIP	SARASOTA, FL 34237
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	POPIELINSKI, JAMES		2.2 NAME	l	
STREET ADDRESS	2032 HILLVIEW ST		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	SARASOTA FL	• .	2. 4 CITY-	ST-ZIP	·
TITLE		□ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	·
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	:	,
STREET ADDRESS		•	4.3 \$TRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		·	5.2 NAME		
STREET ADDRESS	د		5.3 STREE	T ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CITY-		_ ·
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941-364-9224