FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **856635** **(8)**

1. Corporation Name
SANITY SAVER CAP COMPANY

Principal Place of Business	Mailing Address
1105 NORTH MARKET STREET, SUITE 1600 POST OFFICE BOX 2166 WILMINGTON DE 19899	1105 NORTH MARKET STREET, SUITE 1600 POST OFFICE BOX 2166 WILMINGTON DE 19899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1983
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21: Same
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 51-0289331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MORRIS, IRVING
C/O SUN AND SURF
100 SUNRISE AVENUE
PALM BEACH FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 (Required if this is a change of registered agent. Registered agent's signature required when reinstating.) (DATE) (Registered Agent's signature required when reinstating.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WAVE, LARRY E.	12 NAME	
STREET ADDRESS	1810 EVERGREEN DR	13 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WOODS, RICHARD S.	22 NAME	
STREET ADDRESS	1811 EVERGREEN DR	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WOODS, CAROL	32 NAME	
STREET ADDRESS	1811 EVERGREEN DR.	33 STREET ADDRESS	
CITY ST ZIP	W. PALM BCH. FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MORRIS, IRVING	42 NAME	
STREET ADDRESS	1105 N MARKET ST #1600	43 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: [signature] 3-21-95 (202) 426-0400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0474340 FP