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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - S1 - ZIF

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F40168** 

(9)

SANDPIPER INTERIORS, INC.

Principal Place of Business Mailing Address 1921 S DIXIE HWY 1921 S DIXIE HWY WEST PALM BEACH FL 33401-7701 WEST PALM BEACH FL 33401-7701 3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1981 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2116264 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes 🗌 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANK, JEFFREY C FRANK Name 3300 PGA BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 500 PALM BEACH GARDENS FL 33410 83 84 City 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 Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition SOWELL, LEWIS M., JR. NAME 1.2 NAME 1516 WAGNER CIR., L.C.S. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH FL CITY-ST-2IP 1.4 CITY - ST- 7IP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STEEFT ADDRESS 2.3 STREET ADDRESS Cil 1 - ST - 219 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ACORESS 3.3 STREET ADDRESS CRY-ST-ZIP 3 4. CITY-ST-ZIP DELETE THE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TIFLE ☐ DELETÉ 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. I do 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

chanoed, or on an attächment with an address

**FILED** 

Feb 26 1997 8:00am

Secretary of State