

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

**APPROVED
AND
FILED**

DOCUMENT # F64599

(6)

05 MAY - 1 11 3: 26

1. Corporation Name

SANFORD CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**303 LAKE AVE.
LATANANA, L 33460**

**303 LAKE AVE.
LATANANA, L 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1982

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2267832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

City

State

City

State

24

25

29

30

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTTILA, TAPIO
303 LAKE AVE.
LAKE WORTH FL 33460**

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 607.06(2) 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent in Charge after Incorporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DT
2. NAME	ANTTILA, TAPIO
3. STREET ADDRESS	303 LAKE AVE.
4. CITY, ST, ZIP	LAKE WORTH FL
5. TITLE	DP
6. NAME	SIREN, RISTO
7. STREET ADDRESS	1514 NORTH FEDERAL HWY
8. CITY, ST, ZIP	LAKE WORTH FL
9. TITLE	DS
10. NAME	SIREN, MARVA-LEENA
11. STREET ADDRESS	1514 FEDERAL HWY
12. CITY, ST, ZIP	LAKE WORTH FL
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY, ST, ZIP	
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. 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(2)(b), 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 1, 2, or Block 3 and changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAPIO ANTTILA

05/01/95

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