

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

MAY - 1 AM 8:57

DOCUMENT # **F90379**

(1)

SAND DEVELOPMENT CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1816 N. DIXIE HWY
FT. LAUDERDALE FL 33305
US

P.O. BOX 4126
FT. LAUDERDALE FL 33338
US

DO NOT WRITE IN THIS SPACE

2. Fiscal Year (Month/Day/Year)		2a. Mailing Address		3. Date Incorporated or Created		3a. Date of Last Report	
21		26		07/12/1982		05/01/1994	
22. State of Incorporation		27. State of Mailing Address		4. Filing Number		Applied For	
22		27		59-2505973		Not Applicable	
23. City, State & Zip		28. City & State		5. Certificate of State, Director		\$8.75 Additional Fee Required	
23		28		X			
24. Title		25. Telephone		29. Title		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

GLAFENHEIN PAUL JR
1563 NE 39TH ST
OAKLAND PARK FL 33334

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

11. I, the undersigned, the president or secretary of the corporation and the Florida Statutes, hereby certify that the information furnished herein is true and correct for the purpose of changing its registered office and 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 hereby accepting the obligations of Section 607.03(2), Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN '95
<p>V</p> <p>NAME: GLAFENHEIN, BRADLEY C ADDRESS: 2500 NE 16TH AVE WILTON MANORS FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>P</p> <p>NAME: GLAFENHEIN, PAUL MARTIN JR ADDRESS: 1563 NE 39TH ST OAKLAND PARK FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>S</p> <p>NAME: GLAFENHEIN, GREGORY M ADDRESS: 1600 NE 39TH ST POMPANO BCH FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>MT</p> <p>NAME: GLAFENHEIN, CAROL ADDRESS: 1563 N.E. 39TH STREET OAKLAND PARK FL</p>	<p>Removed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME:</p> <p>ADDRESS:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME:</p> <p>ADDRESS:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated in this report. I am the Florida Statutes. I further certify that the information is included in this annual report or supplementary annual report, as required, and that my signature shall have the same legal effect as if made under oath. I shall be liable for the consequences of this report or supplementary report as required by the Florida Statutes, and that my name is printed in this report or supplementary report with my address.

SIGNATURE: *Paul Glafenheim*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/6/95 305 563 5911