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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## **FILED** Mar 24 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS						
DOCUMENT # F95000002148 (3) L. M. SANDLER & SONS, INC.						118 11881 11811 81811 1181 1881
					# 1001100 1418 19181 01141 09111 80111 80141 08141 08141 08	PIO AUGO ITOM CIROL ARIA INCL
Principal Place of Business Mailing Address						
P.O. BOX 879 VIRGINIA BEA		P.O. BOX 8780 VIRGINIA BEACH VA 23450			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 05/02/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		54-1737065	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		A Station Committee State State State	Fee Required	
Only a State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Foots	
Zip	······································		Country		8. This corporation owes or has paid the co	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
	CORPORATION SYSTEM		[8	11 Name		
1200 SOUTH PINE ISLAND ROAD			E	2 Street A	ddress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			-	3		
			[	3		
			Ē	4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	les the abo	ve-named c		
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	The artificial with and accept the obliga	shorts of, dection doz.osos, i'r	Onda Siaidi	.00,		
SIGNATURE	Signature, typied or printed name of registered age-		É Flegistered /	oent signature re	equired when reinstating) DATE	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN	<del></del>
TITLE	SANDLER, STEVEN B	DELETE 1.1T				Change Addition
NAME	448 VIKING DR., STE. 220		1.2 NAMI			
STREET ADDRESS (	MDONIA DEACH VA 00450		1	ET ADDRESS - St- <i>z</i> ip		
TITLE	AS	DELETE	2.1 7170			Change Addition
NAME	GOTTLIEB, RAYMOND	_	2,2 NAM	E		_ , _
STREET ADDRESS	448 VIKING DR., STE. 220	40 MINING DD. CTC 000		ET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA 23452		2 4 CIT	-ST-ZIP		
TITLE	VST	☐ DELETE	3.1 TITL			Change Addition
NAME	SANDLER, ARTHUR B		3,2 NAM	E		
STREET ADDRESS	448 VIKING DR., STE. 220		3.3 STREET			
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	DOLLTE		-ST-ZIP		Change Addition
HILE (		☐ DELETE	4.1 FIFLE			Change Addition
NAME STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	į.		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST- ZIP		
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			6.2 NAM	E		,
STREET ADORESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP		MI AN ( - 610	6.4 CITY		Dis Continue 440 07/0/0 Final de Charles 17	and for the state of the state
14. I hereby o	eruly that the information supplied w	in this fling does not qualify t	or the exen	iption stated	I in Section 119.07(3)(i), Florida Statutes. I further of	sering trial the information

α acquirate and that my signature shall have the same legal effect as it made under oath; that I am ar Id to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE:**