Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90203 021 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1...Corporation Name

SANULE	R AT ANDROS ISLE, INC.	Mailing Address							
•		•	^						
448 VIKING DRIVE. STE 220 VIRGINIA BEACH VA 23452 VIRGINIA BEACH VA 23452 VIRGINIA BEACH VA 23452									
VIIIOINIA BERO	THE EUROL					DO NOT WRI	TE IN THIS	S SPACE	
					3	. Date Incorporated or Qualifed			į
						11/22/19 <u>96</u>			
2. Principal P	ace of Business	2a. Mailing Address			4	. FEI Number		Apr	plied For
21		26				<u>54-1823320</u>		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	i. Certifcate of Status Desired	a	\$8.75 A Fee Re	
City & State	e	City & State				, Election Campaign Financing		\$5.00	Mav Be
23		28			1	Trust Fund Contribution		Added to	
Zip	Country	Zip	Countr	y	3	. This corporation owes the curr	rent year In	ntangible	
24	25	29	30	آه		Personal Property Tax.			□No
	9. Name and Address of Curre		·		10). Name and Address of New I	Registered	Agent	
			8	Name					
	PORATION SERVICE COMPANY HAYS STREET	'	82 Street Add		Address (P.O. Box Number is Not Accepta	able)		
TALL		8:	3			_	, <u>, , , , , , , , , , , , , , , , , , </u>		
*				4 City			FI	85 Zip C	Code
SIGNATURE	m familiar with, and accept the oblig-		: Registered Ag		required wher	a reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	PCD	PCD DELETE 1.1		1.1 TITLE				Change	☐ Addition
NAME	SANDLER, STEVEN B		1.2 NAME						
STREET ADDRESS	221-76TH STREE T		1.3 STRE	ET ADDRESS		HARRIS ROAD			
CITY-ST-ZIP	VIRGINIA BEACH VA		1.4 CITY-	1.4 CITY-ST-ZIP VI		INIA BEACH, VA 2	23452		
TITLE	VSD □ DELETE 2.1		2.1 TITLE					Change	☐ Addition
NAME	SANDLER, ARTHUR B		2.2 NAME						
STREET ADDRESS	536 REDGATE AVENUE		2.3 STRE	ET ADDRESS	,				
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	2350	J7FC			
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	:					
STREET ADDRESS			3.3 STRE	ET ADDRESS	j				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		•_			
TITLE		☐ DELETE	4.1 TITLE		\top			☐ Change	☐ Addition
NAME			4. 2 NAM	E					
STREET ADDRESS				ET ADDRESS	;				
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE				_	☐ Change	☐ Addition
NAME			5.2 NAME	:					
STREET ADDRESS			5.3 STRE	ET ADDRESS	;				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE	 	DELETE	6.1 TITLE		+		_	☐ Change	Addition

14. I 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 trackee 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #