

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54089** (9)
1. Corporation Name
SAND DOLLAR CARDS & GIFTS, INC.

Principal Place of Business 3911 JOG ROAD GREENACRES FL 33467 US	Mailing Address 3423 BALTSWOL LN LAKE WORTH FL 33467 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3981 Jog Road Suite, Apt. #, etc. 22 Greenacres, Fl City & State 23 33467 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/12/1983		3a. Date of Last Report 07/31/1996	
				4. FEI Number 59-2312611		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CUTCHER, WILLIAM D. 3911 JOG ROAD GREENACRES FL 33467				10. Name and Address of New Registered Agent 81 Name Cutcher, William D. 82 Street Address (P.O. Box Number is Not Acceptable) 3981 Jog Road 83 Greenacres, Fl. 33467 84 City FL 85 Zip Code 33467			
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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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTCHER, WILLIAM			1.2 NAME	Cutcher, William		
STREET ADDRESS	3911 JOG ROAD			1.3 STREET ADDRESS	3981 Jog Road		
CITY-ST-ZIP	GREENACRES FL			1.4 CITY-ST-ZIP	Greenacres, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTCHER, SHIRLEY R			2.2 NAME	Cutcher, Shirley R.		
STREET ADDRESS	3911 JOG ROAD			2.3 STREET ADDRESS	3981 Jog Road		
CITY-ST-ZIP	GREENACRES FL			2.4 CITY-ST-ZIP	Greenacres, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUTCHER, STEVEN J.			3.2 NAME	Cutcher, Steven J.		
STREET ADDRESS	3911 JOG ROAD			3.3 STREET ADDRESS	3981 Jog Road		
CITY-ST-ZIP	GREENACRES FL			3.4 CITY-ST-ZIP	Greenacres, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Shirley R. Cutcher* *Shirley R. Cutcher* 9/18/97 561-967-5641

CR2E034 (4/97)