

**CORPORATION
ANNUAL REPORT
1995**

**Sandra E. Markham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
95 MAY -1 AM 11:24**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H36266

(5)

1. Corporation Name

SANDYLAND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P O BOX 141675
~~P.O. BOX 013661~~ **SE**
CORAL GABLES FL 33114-675 **SE**
US

P O BOX 141675
~~P.O. BOX 013661~~ **SE**
CORAL GABLES FL 33114-1675 ✓
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/21/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0056423

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, SHIRLEY
59 NW 25TH AVE (REAR BLDG 33125)
P.O. BOX 141675
CORAL GABLES FL 33114-675 **SE**
-1675 ✓**

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 607.0502 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
EVANS, SHIRLEY
59 NW 25TH AVENUE
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VSD
OWENS, A. ROBERT
59 NW 25TH AVENUE
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
OWENS GEORGE
3584 MIDDLEBURG RD
PITTSBURGH PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 Evans for Sandyland Enterprises, Inc. 4/28/95.
SHIRLEY EVANS, President.