Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90012 043 ***150.00

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 # H74829

1. Corporation Name

SANDY AND BROTHER, INC.

SANDIA	AND BROTHER, INC.							
Principal Place	of Business	Mailing Address		_		i n 15040 (DIS BINI) (01011 3(81) 01011 0 1	
,		-3400-S-TAMIAMI-TRAIL-						
3400 S. TAMIAMI TRAIL -SHITE 301 STE:: 301-								
SARASOTA FL 34239					DO NOT V	VRITE IN THIS	SPACE	
US - US -					3. Date Incorporated or Qualit 09/05/1985	ed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21 80	to 2591	26 POBOX 259)/		- 65-01466 <u>36</u>		Not	Applicable
Suite, Apt.	#, etc. W. Rivothoten Palite	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ı 🗆	\$8.75 A Fee Red	
City & State City & State				-, -	6. Election Campaign Financi	ng`	*5.00 i	May Be
23 the no sign francis f (28 Honosinssa) PRINGS			ugs t		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year In		_
24 344	48 25	0		Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered	Agent	
	MACH ELEDIEDE		81	Name	eo R RICCIANI			1
HELMOACH, ELFRIEDE				Street Addr	ess (P.O. Box Number is Not Acc	eptable)	_	
117 60 W RIVERHOVEN DR IVE				6371-		CT		
RO BOX 2591								İ
HOMOSASSA FL 34448				City			85 Zip C	ode
				tors	Myers	FL	_ 33	919
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida, Such change was autrions of, Section 607.0505, Florid	norized by la Statutes	the corporation.	on's poard of directors. Thereby a	3/9/	ointment as rec	pistered
OIGITATORE	Signature upped or printed name of registered agent			nt signature require	d when reinstating)	DATE	, 	DO 111 40
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	PS	☐ DELETE	1,1 TITLE				□ Citalige	L Addition
NAME	JAENSCH, PETER J.							
STREET ADDRESS				FADDRESS				
CITY-ST-ZIP	SARASOTA FL		. 1.4 CITY-S	T-ZIP			Change	Addition
TITLE	VP □ DELETE 2.1		2.1 TITLE				☐ Change	Addition
NAME	HELMDACH, ELFRIEDE	•	2.2 NAME					
STREET ADDRESS	P.O. BOX 2591 NA		2.3 STREE	TADDRESS				ŀ
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				LJ change	
NAME			4. 2 NAME	į				
STREET ADDRESS			4 3 STREE	TADDRESS				ļ
CITY-ST-ZIP			4.4 C/TY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					ļ
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			П 01	
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				Ì

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 received 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 adjacement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. IZ . 77. S

Daytime Phone #