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Feb 20, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H80440**

1. Corporation Name

Principal Place of Business

SANDELL BUSINESS SYSTEMS, INC.

						•			
1501 S 22 AV			SANDELL BUSINESS SYSTEMS, INC.						
HOLLYWOOD FL 33020 US			1501 SOUTH 22ND AVE			DO NOT WRITE IN THIS SPACE			
US		US	HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE			
		Ų0				3. Date Incorporated or Qualifed 10/11/1985		•	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For
21		26				59-2610234		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27	27			5. Certifcate of Status Desired		Fee R	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing	_	\$5.00	May Be
23		28	28			Trust Fund Contribution			to Fees
Zip	Country	Country Zip Co			Country 8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	-	∐Yes	□No
	9. Name and Address of Currer	nt Registered Agent	1			10. Name and Address of New Re	gistered A	gent	
				81	Name				
	SEY, RAYMOND		02 0			ddress (P.O. Box Number is Not Acceptable)			
1501	I S 22 AV		82 Street			ess (P.O. Box Number is Not Acceptab	.е)		
HOL	LYWOOD FL 33020	•		83					
				84	City		FL	85 Zip	Code
		0 10074500 51 11 01 1		لبلإ				<u> </u>	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	ies, ine ai authorized	bove by t	-named corpo the corporation	oration submits this statement for the pron's board of directors. I hereby accept	urpose of c the appoint	nanging its Iment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statu	utes.		, ,		•	
SIGNATURE					,				
12	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	_	Agent	signature required	t when reinstating)	DATE CEDS AND	DIRECTO	2DC (N. 12
TITLE	VT OFFICERS AN	DELETE	13.	71.5		ADDITIONS/CHANGES TO OFFI	SEKS AND	Change	Addition
	MASSEY, LOUISE							☐ Criange	
NAME	1501 S 22 AV		1.2 NA			•		÷	
STREET ADDRESS			1.3 ST	REET.	ADDRESS	•			
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST	· ZIP				
TITLE	PSD	☐ DELETE 2.1 TI		ΠE		• •		Change	Addition
NAME	MASSEY, RAYMOND		2.2 NA	ME		• • •			
STREET ADDRESS	1501 S 22 AV		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CI	ITY-ST	-ZIP				
TITLE		☐ DELETE	3.1 TIT	TLE				Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	ITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TIT					☐ Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				-
CITY-ST-ZIP			44 CI	TY-ST-	.7IP		•		
TITLE		☐ DELETE	5.1 TIT			·		Change	Addition
NAME			5.2 NA		- '	1 marine 1 mg		- 4	
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT						1
TITLE		☐ DELETE	6.1 TIT					☐ Change	Addition
NAME			6.2 NA	ME	[
STREET ADDRESS					ADDRESS				
STREET ADDRESS!		,	0.001			,		•	

6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stalled 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 changes or off an attachment with an address, with all other like empowered.