FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J26924 SANDY SHOPPES INC. Principal Place of Business Mailing Address 7777 NORTH WICKHAM ROAD 7777 NORTH WICKHAM ROAD SUITE 13 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32940 MELBOURNE FL 32940 3. Date Incorporated or Qualified 08/04/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-268 1867 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BOCKMAN, SANDRA B 290-4 E. PARADISE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **INDIALANTIC FL 329**03 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **PVST** DELETE Change ☐ Addition TITLE 1,1 TITLE BOCKMAN, SANDRA B. NAME 1.2 NAME 2904 E. PARADISE BLVD. STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL 32903 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2 I TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. Thereby 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 of 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, order an attachment with an oddress.

6.2 NAME **6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP