FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

SUITE 200

440 ROYAL PALM WAY.

PALM BCH FL 33480

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J58158

VILLAGE SAND, INC.

Principal Place of Business

440 ROYAL PALM WAY.

PALM BCH FL 33480

SUITE 200

3. Date Incorporated or Qualifed 02/2<u>0/1987</u> Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable <u>59-2775534</u> 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6 Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip X Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CHOPIN, L. FRANK 82 Street Address (P.O. Box Number is Not Acceptable) 440 ROYAL PALM WAY SUITE 200 83 PALM BCH FL 33480 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME CHOPIN, L. FRANK 1.3 STREET ADDRESS STREET ADDRESS 440 ROYAL PALM WAY, SUITE 200 PALM BCH FL 33480 1.4 CITY-ST-ZIP CITY+ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ■ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 5.1 TITLE TITI F 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

May 08, 1999 8:00 am Secretary of State

05-08-1999 90034 042 ***150.00



DO NOT WRITE IN THIS SPACE

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 suppliemental 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

G OFFICER OR DIRECTOR

DELETE

4/30/99 (561)655-9500

☐ Change

☐ Addition

(11/98) CR2E034