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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J94503 (6)
 1. Corporation Name
SANFORD ENTERPRISES, INC.



Principal Place of Business: **3221 ORLANDO DRIVE SANFORD FL 32773 US**
 Mailing Address: **1300 KETTLEDROM TRL ENTERPRISE FL 32725-2435**

3. Date Incorporated or Qualified: **09/29/1987** 3a. Date of Last Report: **04/02/1996**
 4. FEI Number: **59-2855489** 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 State, Apt. #, etc.
 City & State
 Zip Country

DEBOER, GAYLE A.
1300 KETTLEDROM TRL
ENTERPRISE FL 32725

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEBOER, MELVIN H.	
STREET ADDRESS	1300 KETTLEDROM TRL	
CITY-STATE-ZIP	ENTERPRISE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEBOER, GAYLE A.	
STREET ADDRESS	1300 KETTLEDROM TRL	
CITY-STATE-ZIP	ENTERPRISE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATERS, RICHARD A., JR.	
STREET ADDRESS	1475 WARRIOR TRAIL	
CITY-STATE-ZIP	ENTERPRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATERS, BRENDA S.	
STREET ADDRESS	482 GREEN SPRING CIRCLE	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1437 STONE TRAIL
4.4 CITY-STATE-ZIP	Enterprise FL 32725
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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 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: *Gayle A. DeBoer* **GAYLE A. DeBoer** 3/21/97 407-322-0479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)