## 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

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90016 049 \*\*\*150.00

DOCUMENT	#	1/17	604
DOCOMENT	$\boldsymbol{\pi}$	N4/	DO4
4 Companion None			•••

1. Corporation	1 Name				
SANDLE	R & ASSOCIATES, INC.				
			•		
Principal Place	of Business	Mailing Address			. <b>1810   1810   1810   1810   1810   1810   1810</b>
\		% GLENN SANDLER			
% Glenn Sandler		,	- UO ODAOE		
LAKE WORTH F	FL 33467	LAKE WORTH FL 33467		DO NOT WRITE IN T	HIS SPACE
				<ol> <li>Date Incorporated or Qualifed</li> <li>11/28/1988</li> </ol>	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	1000 01 200000	26		65-0080744	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	ar Intangible Yes □No
24	9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
	A. <b>-</b>		81 Name		
	DLER, GLENN 20 HORSESHOE TRACE		82 Street A	Address (P.O. Box Number is Not Acceptable)	
–	ZU HUKSESHUE TKALE PALM BEACH FL			695 BOEING COU	7.27
W. F	AUNI DEACHT E		83		
}			84 City	ELLANGTON	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 60770	502 and 607.1508. Florida Statu			e of changing its registered
office or r	egistered agent, o both, in the Sta	ite of Florida. Such change was a	uthorized by the corpor orda Statutes	corporation submits this statement for the purpos ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Allno lm	W 60	FOR / AND	1/1	11/55
SIGNATORE	Signature, typed or printed name of registered a		: Registered Agent signature re		E AND DIDECTORS IN 42
12.		AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	D   Sandler, Glenn	_ Descrit		•	
NAME STREET ADDRESS	14720 HORSESHOE TRACE		1.3 STREET ADDRESS	15695 BOEING C	- /
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY- ST-ZIP	15695 BOEING C WELUNGTON, FL.	33414
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		Change - Addition
TITLE		C) DETELE	3.1 TITLE 3.2 NAME		
NAME OTDEET ADDRESS			3.3 STREET ADDRESS		į
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP		_
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
C/TY-ST-ZIP			4.4 CITY-ST-ZIP		CT Change
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		,
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

**SIGNATURE** 

TITLE NAME

STREET ADDRESS