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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name K63539

(6)

SAND DOLLAR SERVICES, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			# 11 1 	,, ,,	
4519 GEORGE RD., SUITE 125			4519 GEORGE RD., SUITE 125					
TAMPA FL 33634		TAMPA FL 33634	TAMPA FL 33634		DO NOT WRITE IN THIS SPACE			
1				3. Date Incorporated or Qualified				
				02/06/1989			Ì	
2. Principal P	tace of Business	2a, Mailing Address		4. FEI Number		Ar	plied For	
21		26		59-2938143		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75	Additional	
22		27		6. Certificate of Status Desired	~	Fee Re	quired	
City & Stat	0	City & State		6. Election Campaign Financing	_	\$5.00	May Be	
23		28		Trust Fund Contribution		Added 1	to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p				
24	[25]		30	Personal Property Tax due Jun		` -] No	
 	g. Name and Address of Curre	······································	81 Name	10. Name and Address of New R	edisteted W	jent		
	BUS, RONALD H	RESS CHANGE NHY	- 81 Name	TRYPUS BONALT	> H			
	W. BAY STREET		82 Street	TRYBUS BOWALS Address (P.O. Box Number is Not Accepte 15.05 N. FLORIDA	ible)			
- TAI	MPA-FL 83808	vrj	-	1505 N. MOKIDA	AYE	·		
			83				1	
			84 City	· 10 · 10		85 Zip (Code	
				TAMPA	<u>FL</u>	33	601	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute c of Florida, Such change was a	es, the above name	d corporation submits this statement for the rporation's board of directors. I hereby acce	purpose of c	hanging it	s registered	
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.	portation o board of diffusions. Thereby acou	opt the appe	minorit da	Tograna a	
SIGNATURE								
	Signature, typed or printed name of registered as			re required when reinstating)	DATE		i	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		DIRECTOR Change		
TITLE	MALLED LACK A	DELETE	1.1 TITLE	PSTD	<i>y</i>	L unange	☐ Addition	
NAME	HALLER, LACY A.		1.2 NAME	KRNOSTS. HARDA 2619 Liberiy F. TAMPA, FL. 73612				
STREET ADDRESS	7139 WESTWIND STREET		1.3 STREET ADDRESS	2618 LIBERTY St.				
CITY-ST-ZIP	SPRING HILL FL 34607	DELETE	1.4 CITY-ST-ZIP	TAMPA, FL. 336/2		10	- T-1 - 2222	
TITLE	VST	DELETE	2.1 TITLE		L	_ Change	Addition	
NAME	HALLER, ROBERT B.		2.2 NAME				1	
STREET ADDRESS	7139 WESTWIND STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL 34607		2 4 CITY - ST - ZIP			-		
TITLE		☐ DELETE	3171TLE		L	Change	Addition	
NAME			3.2 NAME				Į	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP			-		
TITLE		☐ DELETE	4.1 TITLE		L	Change	L_J Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY+ST-ZIP			4.4 CHTY-ST-ZIP					
TITLE		□ DELETÉ	5 1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP					
TITLE		DECETE	6.1 TITLE		Ι.	Change	Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET ADDRESS				1	
CITY-ST-ZIP			64 CITY-ST-ZIP	1				
	ertify that the information supplied v	with this filing does not qualify for		ed in Section 119.07(3)(i), Florida Statutes.	I further certi	fy that the	information	

indicated on this annual report or supplies will this ming sous not quality for the exemption stated in section 179.07(5)(i). Florida Statutes. Infinite certify that the informatic indicated on this annual report is 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 receive 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 chapted, or on an attachment with an address.