

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K97511 (5)

1. Corporation Name

SANDPIPER BUILDING AND DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

2174 HARRIS AVE NE  
SUITE 4  
PALM BAY FL 32905  
US

2174 HARRIS AVE NE  
SUITE 4  
PALM BAY FL 32905  
US

3. Date Incorporated or Qualified

06/22/1989

3a. Date of Last Report

05/26/1995

2. Principal Place of Business

3a. Mailing Address

21 700 N. WICKHAM RD (40 FARSHAD MOAYER)

2040 HWY A1A

22 #207

27 SUITE 201

23 MELBOURNE FL

28 INDIAN HARBOR BCH, FL

24 32935

29 32937

25 USA

30 USA

4. FEI Number

59-2968371

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUSSO, LOUIS M.  
2174 HARRIS AVE NE  
STE 4  
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name CHARLES E. HELM, JR. PA

82 Street Address (P.O. Box Number is Not Acceptable)

2040 HWY A1A

83 SUITE 201

84 INDIAN HARBOR BEACH FL

85 Zip Code 32937

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 consent to, the provisions of Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director. (Signature of Registered Agent is not required when filing this report.)

29 APR 96

DATE

12. OFFICERS AND DIRECTORS

|                |                       |        |
|----------------|-----------------------|--------|
| TITLE          | D                     | DELETE |
| NAME           | RUSSO, H. DARLENE TUC |        |
| STREET ADDRESS | 2174 HARRIS AVE NE 4  |        |
| CITY-ST-ZIP    | PALM BAY FL           |        |
| TITLE          | D                     | DELETE |
| NAME           | RUSSO, LOUIS M.       |        |
| STREET ADDRESS | 2174 HARRIS AVE 4     |        |
| CITY-ST-ZIP    | PALM BAY FL           |        |
| TITLE          | V                     | DELETE |
| NAME           | MOAYER, FARSHAD       |        |
| STREET ADDRESS | 2174 HARRIS AVE NE    |        |
| CITY-ST-ZIP    | PALM BAY FL           |        |
| TITLE          |                       | DELETE |
| NAME           |                       |        |
| STREET ADDRESS |                       |        |
| CITY-ST-ZIP    |                       |        |
| TITLE          |                       | DELETE |
| NAME           |                       |        |
| STREET ADDRESS |                       |        |
| CITY-ST-ZIP    |                       |        |
| TITLE          |                       | DELETE |
| NAME           |                       |        |
| STREET ADDRESS |                       |        |
| CITY-ST-ZIP    |                       |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |        |          |
|--------------------|------------------------------|--------|----------|
| 1.1 TITLE          | V                            | Change | Addition |
| 1.2 NAME           | RUSSO, H. DARLENE TUCKER     |        |          |
| 1.3 STREET ADDRESS | 700 N. WICKHAM RD SUITE      |        |          |
| 1.4 CITY-ST-ZIP    | MELBOURNE, FL 32935          |        |          |
| 2.1 TITLE          | D                            | Change | Addition |
| 2.2 NAME           | RUSSO, LOUIS M.              |        |          |
| 2.3 STREET ADDRESS | 700 N. WICKHAM RD SUITE 207  |        |          |
| 2.4 CITY-ST-ZIP    | MELBOURNE, FL 32935          |        |          |
| 3.1 TITLE          | V                            | Change | Addition |
| 3.2 NAME           | MOAYER, FARSHAD              |        |          |
| 3.3 STREET ADDRESS | 700 N. WICKHAM RD, SUITE 207 |        |          |
| 3.4 CITY-ST-ZIP    | MELBOURNE, FL 32935          |        |          |
| 4.1 TITLE          |                              | Change | Addition |
| 4.2 NAME           |                              |        |          |
| 4.3 STREET ADDRESS |                              |        |          |
| 4.4 CITY-ST-ZIP    |                              |        |          |
| 5.1 TITLE          |                              | Change | Addition |
| 5.2 NAME           |                              |        |          |
| 5.3 STREET ADDRESS |                              |        |          |
| 5.4 CITY-ST-ZIP    |                              |        |          |
| 6.1 TITLE          |                              | Change | Addition |
| 6.2 NAME           |                              |        |          |
| 6.3 STREET ADDRESS |                              |        |          |
| 6.4 CITY-ST-ZIP    |                              |        |          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

LOUIS M. RUSSO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS M. RUSSO

4/23/96 704-524-3561  
Date Telephone

CR2E034 (12/95)