

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 # **L24817** (3)

1. Corporation Name

SAND DRIFT ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% ROBERT E. PROUT
2850 WILDERNESS RD.
W PALM BEACH FL 33409

% ROBERT E. PROUT
2850 WILDERNESS RD.
W PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

10/23/1989

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0159160

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROUT, MARY KAY
2850 WILDERNESS RD.
W. PALM BEACH FL 33409

81 Name

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

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPT	
NAME	PROUT, MARY KAY	
STREET ADDRESS	2850 WILDERNESS RD.	
CITY- ST- ZIP	W. PALM BEACH FL	
TITLE	D	
NAME	PROUT, FRED R.	
STREET ADDRESS	4307 INTRA COSTAL DR.	
CITY- ST- ZIP	HIGHLAND BCH FL	
TITLE	S	
NAME	PROUT, MARY KAY	
STREET ADDRESS	2850 WILDERNESS ROAD	
CITY- ST- ZIP	W. PALM BEACH FL	
TITLE	DVP	
NAME	PROUT, ROBERT E	
STREET ADDRESS	2850 S. WILDERNESS ROAD	
CITY- ST- ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 1 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY- ST- ZIP			
2 1 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY- ST- ZIP			
3 1 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY- ST- ZIP			
4 1 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
5 1 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY- ST- ZIP			
6 1 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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: *Mary Kay Prout*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

Daytime Phone #

CR2E034 (12/95)