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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37394

(8)

SANDESCO, INC.

SIGNATURE:

Principal Place	of Business	Mailing Address	Mailing Address			I OUDIADA BER HARA MERED DAGA DUDI DAGA P	HEFT DIBIL BURIL BIBIA DEBI	1 B1011 1001	
2496 E SUNRIS FT LAUDERDALI US		5599 NW 23RD AVE. BOCA RATON FL 334963	5599 NW 29RD AVE. BOCA RATON FL 33496-3418						
						3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 01/30/1996		
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	LA	pplied For	
21	MATERIAL CONT	26				65-0175281		lot Applicable	
Suite, Apt. I	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired		Additional	
22		[27]	City & State				Fee H	Required	
City & State	;	}η ΄	<u>├──</u> ┓ ′			6. Election Campaign Financing		May Be	
Z ip	Country		Zip Country			Trust Fund Contribution		to Fees	
24)	25	29	30	шиу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curr		30			10, Name and Address of New Reg			
SCHI	NEIDER, HARVEY R.			81	Name	A STATE OF THE STA	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
1900 CORPORATE BLVD. NW			I	82 Street Address (P.O. Box Number is No					
	E 301 - WEST BLDG.		82 Street Addr			lress (P.O. Box Number is Not Acceptable	θ)		
	A RATON FL 33431			83					
				84	City		FL 85 Zip	Code	
11. Pursuani t	to the provisions of Sections 607.0	502 and 607 1508, Florida Stati	ites the a	POVE	-named corr	poration submits this statement for the pu		its registered	
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was	authorize	d by	the corporal	ition's board of directors. I hereby accep	t the appointment a	s registered	
	m familiar with, and accept the obl	igations of, Section 607.0505, F	Iorida Stai	tutes	i.				
SIGNATURE .	Signature, typical or printed transe of registered a	agent and title if applicable. (NC	OTE Registere	d Age	nl signature requi	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
TITLE	PD	DELETE	1,1 17	ITLE			☐ Change	Addition	
NAME	BOROFF, SANFORD		1.2 N/	AME					
STPEET ADDRESS	5599 NW 23RD AVE.		1.3 S ¹	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1,4 Cf	ITY-S	1-20				
THILE	VDT	☐ DELETE	2.1 Tr	TLE			Change	Addition	
NAME	BOROFF, DAISY		. 2.2 ₩/	AME	-	8			
STREET ADDRESS	5599 NW 23RD AVE.		2.3 ST	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	DESERT			ST - ZIP				
TITLE		☐ DELETE	3.1 Ti				☐ Change	☐ Addition	
NAME			3.2 N/						
STREET ADDRESS					ADDRESS				
City-St-ZiP		DELETE			ST-ZIP		Change	Addition	
TITLE		F"1 DEFEIF	4.1 TE		ĺ		L Change	Addition	
NAME				AME					
STREET ADDRESS					AODRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Ci 5.1 Ti	(TY-\$)	T-ZIP		Change	Addition	
NAME		(DULL)_	5.1 N				L. J. Ollange	Ll Availion	
					1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 C	HTY-S	1 - ZiP		Change	Addition	
NAME		had verein	62 N				hand winning-		
STREET ADDRESS					ADDRESS				
CiTY-S?-ZiP 14, I do hereb	ov certify that the information suppl	liad with this filing does not gue		exe		d in Section 119.07(3)(i), Florida Statutes	I further certify the	it the	
information Lam an of	ri indicated on this annual report o flicer or director of the eerporation in Block 12 or Block 13 if changed,	or supplemental annual report is	troe and a	accu exec	rate and that ute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made un atutes; and that my	nder oath; that name	