Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90058 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L86711

1. Corporation SANDMA	N PRESCHOOL, INC.					
Principal Place	of Business	Mailing Address		1 (MB)(Any Ant 10110 mille 1010 1000 1100 along	<b>418</b> () 41411 51511 91	<b>.,</b>
SANDMAN PRES 7008 MADONNA SARASOTA FL US	PL	924 WILMERLING AVE SARASOTA FL 34243 US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
				07/10/1990		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-2351763		Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			\$8.75 A	
	shitfield Ave	27		5. Certifcate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00 M	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24 3 4 L	43 25 ManaTee	<del></del>		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
<del>-7908</del> - <del>- SAR</del>	vey, Jim <del>- Madonna Pl</del> <del>Asota Fl 34243 -</del>		83 E 84 City Sq.	ress (P.O. Box Number is Not Acceptable)  Whitfield Ave		243
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	i Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	istered
	Clanature, based or printed name of registered agent :	and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating) DATE	<del></del>	\
12.	Signature, typed or printed name of registered agent of OFFICERS AND		Registered Agent signature require	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registered agent of OFFICERS AND			oo waa aa	AND DIRECTO	RS IN 12
	OFFICERS AND	DIRECTORS	13.	oo waa aa		
TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	oo waa aa		
TITLE  NAME  STREET ADDRESS	P HARVEY, JIM	DIRECTORS	13. 1.1 TITLE 1.2 NAME	oo waa aa	Change	☐ Addition
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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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1/3/99 54/-755-25 Date Daytine Phone # CR2E034 (11/98