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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90026 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M20586

1. Corporation Name
CSL SAND LEASING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9660 E BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154	Mailing Address 9660 E BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154
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3. Date Incorporated or Qualified 09/13/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2590172	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address P.O. Box 546852
21 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Surfside, Dade
24 Zip	29 FL
25 Country	30 33154

9. Name and Address of Current Registered Agent	
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	LANKLER, ALEXANDER M.
STREET ADDRESS	276 BALDWIN DR.
CITY-ST-ZIP	BAY HARBOR FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	MACHETTE, ROBERTA L.
STREET ADDRESS	9660 E. BAY HARBOR DR.
CITY-ST-ZIP	BAY HARBOR ISLANDS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lankler, Alexander M.
1.3 STREET ADDRESS	88 W. Riverside Drive
1.4 CITY-ST-ZIP	Jupiter, FL, 33469
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Machette, Roberta L.
2.3 STREET ADDRESS	9821 E. Bay Harbor Dr.
2.4 CITY-ST-ZIP	Bay Harbor Is., FL, 33154
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Roberta L. Machette 1-25-99 305 868 6430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)