

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N20312 (7)
1. Corporation Name
FLORIDA S.A.N.D., INC.

Principal Place of Business Mailing Address
702 S.E. STREAMLET AVE 702 S.E. STREAMLET AVE
PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 702 SE STREAMLET		26 AS SHOWN LEFT		04/23/1987		08/22/1996	
22 P.S.L. FL		27		4. FEI Number		Applied For	
23 FL		28		59-2803708		<input checked="" type="checkbox"/> Not Applicable	
24 34983		25 USA		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONTI, SHIRLEY E. 702 S.E. STREAMLET AVE PORT ST LUCIE FL 34983				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Shirley E. Conti SHIRLEY E. CONTI 7/24/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WEST, ALEX				1.2 NAME			
STREET ADDRESS 3484 COVENTRY PL				1.3 STREET ADDRESS			
CITY-ST-ZIP HOLLAND PA				1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CONTI, PAUL G.				2.2 NAME			
STREET ADDRESS 702 S.E. STREAMLET AVE				2.3 STREET ADDRESS			
CITY-ST-ZIP PORT ST LUCIE FL 34983				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SD HEYSHAM, DARYLL				3.2 NAME			
STREET ADDRESS 400 W. 43RD ST				3.3 STREET ADDRESS			
CITY-ST-ZIP NEW YORK NY 10036				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MILLER, SHIRLEY				4.2 NAME			
STREET ADDRESS 10032 S. US #1				4.3 STREET ADDRESS			
CITY-ST-ZIP PORT ST. LUCIE FL 34950				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CORREGAN, MARGARET				5.2 NAME			
STREET ADDRESS 1561 GURLEY CT				5.3 STREET ADDRESS			
CITY-ST-ZIP PORT ST LUCIE FL 34952				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME NUTT, GARRY				6.2 NAME			
STREET ADDRESS 2681 WESTMORELAND BLVD				6.3 STREET ADDRESS			
CITY-ST-ZIP PORT ST LUCIE FL 34983				6.4 CITY-ST-ZIP			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Shirley E. Conti SHIRLEY E. CONTI 561-879-1450
SIGNATURE REQUIRED

FILED
Jul 30 1997 8:00am
Secretary of State

CR2E037 (4/97)