


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20312** (7)  
1. Corporation Name  
**FLORIDA S.A.N.D., INC.**

Principal Place of Business <b>702 SE STREAMLET PORT ST LUCIE FL 34983 US</b>	Mailing Address <b>702 SE STREAMLET PORT ST LUCIE FL 34983 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>04/23/1987</b>	4. FEI Number <b>59-2803708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CONTI, SHIRLEY E.  
702 S.E. STREAMLET AVE  
PORT ST LUCIE FL 34983**

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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WEST, ALEX</b>
STREET ADDRESS	<b>3484 COVENTRY PL</b>
CITY-ST-ZIP	<b>HOLLAND PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD</b>
STREET ADDRESS	<b>HEYSHAM, DARYLL</b>
CITY-ST-ZIP	<b>400 W. 43RD ST NEW YORK NY 10036</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T</b>
STREET ADDRESS	<b>MILLER, SHIRLEY</b>
CITY-ST-ZIP	<b>10032 S. US #1 PORT ST. LUCIE FL 34950</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T</b>
STREET ADDRESS	<b>CORREGAN, MARGARET</b>
CITY-ST-ZIP	<b>1561 GURLEY CT PORT ST LUCIE FL 34952</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T</b>
STREET ADDRESS	<b>NUTT, GARRY</b>
CITY-ST-ZIP	<b>2581 WESTMORELAND BLVD PORT ST LUCIE FL 34983</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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* Founder 4/12/98 561 879 1250

CR2E037 (10/97)