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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # N9300004150 (9)

SANFORD MAIN STREET, INC.

FILED							
Sep 04 1997 8:00am							
Secretary of State							

Principal Place	e of Business	Mailing Address		····				
101 W FIRST ST		<u>-</u>						
101 W FIRST ST STE B STE B								
SANFORD FL 32771 SANFORD FL 32771			3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
IUS 		US			09/08/1993	03/06/		
2. Principal P	lace of Business	2a. Mailing Address	741	4	FEI Number		Applied For	
	N. Park Ave	26 P.O. COX \	1.141		59-3191854		Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		5	. Certificate of Status Desired		5 Additional Required	
City & State	20 \ C \ \	City & State		6	. Election Campaign Financing		00 May Be	
23 <u>San</u>		28 Denjord	-1		Trust Fund Contribution		led to Fees	
Zip 24] ろとつつ	Country U.S.	Z 20221	Country	8	. This corporation owes or has pai	not '		
24 301	9. Name and Address of Current	Registered Agent	30 45	10	Personal Property Tax due June Name and Address of New Rec		∐ No	
81 Name C 1 1 1								
RADIANCY PILL								
	ST AIRPORT BLVD		82 Street		P.O. Box Number is Not Acceptable	(e)		
	D FL 32771		83					
			84 City		1 .	let :	Zin Codo	
				Sank	ind		Zip Code らとつつヽ	
11. Pursuant I	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 617.1508, Florida Statut	es, the above-named	d corporation's	on submits this statement for the pu	rpose of changir	ng its registered	
agent. I a	m familiar with, and accept the obligation	ons of Section 617.0503, Ex	orida Statutes.	i poration a	board of directors, I hereby accept	т по арропшнен	as legislered	
SIGNATURE Signature, typed or printed name of registered system and milit if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered as ant OFFICERS AND		E: Registered Agent signature		en reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	FODS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PC		Chan		
NAME	BARWICK, BILL		1.2 NAME	Parse	190, Robert, Dr	,		
STREET ADDRESS	1780 WEST AIRPORT BLVD		1.3 \$TREET ADDRESS	207 8	£ 25th SI			
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZiP		20141 32771			
TITLE	VD	DELETE	2.1 TITLE	110		Chan	ge Addition	
NAME	SKAT, MICHAEL		2.2 NAME	FRECE	M. Carey			
STREET ADDRESS	1116 MAGNOLIA AVENUE		2.3 STREET ADDRESS	_	e. 15t St.			
CITY-ST-ZIP	SANFORD FL TD	DELETE	2.4 CITY-ST-ZIP	Sant	Jan 1 3271	67 1 04	an [] Addition	
TITLE NAME	DYCUS, JAMES R	M nereie	3.1 TITLE			Chan	ge Addition	
STREET ADDRESS	101 WEST FIRST STREET, SUIT	FR	3.2 NAME 3.3 STREET ADDRESS			/		
CITY-ST-ZIP	SANFORD FL		3.4. CITY-ST-ZIP					
TITLE	SD	DELETE		SID	•	Chan	ge Addition	
NAME	DOUGHERTY, JANET R		4. 2 NAME	Crev	os, Diane N. Park Ave Ford, Fl 32771	•		
STREET ADDRESS	101 WEST FIRST STREET, SUIT	ΈΒ	4.3 STREET ADDRESS	300 1	N. Park Ave			
CITY-ST-ZIP	SANFORD FL 32771		4.4 CITY-ST-ZIP	Sant	ford, F1 32771			
TITLE	D	☐ DELETE	5.1 TITLE	77	0.000	☐ Chan	ge 🔲 Addition	
NAME	ADAMSON, BRENT		5.2 NAME	Ba	wick bull do	21.2		
STREET ADDRESS	401 W. 13TH STREET SANFORD FL 32772-1788		5.3 STREET ADDRESS	178	いる。安かない	2100		
CITY-ST-ZIP TITLE	D	DELETE	5.4 City-St-ZiP 6.1 Title	Sax	HANN SOLI	Chan	ge Addition	
NAME	GRACE, KEVIN	(II) Detterit	6.2 NAME	<u> </u>	a con homas		åe □ voinoti	
STREET ADDRESS	1101 E. FIRST STREET		6.3 STREET ADDRESS	1010		-		
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST-ZIP	5	Wal 11 311))		
14. I do hereb	by certify that the Information supplied	with this filing does not qualif	v for the exemption s	stated in S	eo(on 119.07(3)(i), Florida Statutes	I further certify t	hat 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 of Block 13 if changed, or on an attachment with an address.								
appears in Block 12 of Block 13 if changed, or on an attachment with an address.								
1	V				~ ~ ~	. 1		