SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90013 044 ****61.25

DOCUMENT # N9800005654

MISSION SANDBOX, INC.

Principal Place of Business
319 CLEMATIS STREET
SUITE 804
WEST BALL DEACH IL SOUN

Mailing Address

319 CLEMATIS STREET

SUITE 804

WEST PALM BEACH FL 33401



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2. Principal P	lace of Business	2a.	Mailing Address					 Date incorporated or Qualified 10/01/1998 		
21		26						<u> </u>		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number		Applied For
22		27					[65-0866167		Not Applicable
City & Stat	te	1	City & State					5. Certificate of Status Desired		5 Additional
23		28						5. Certificate of Status Desired	Fee	Required
Zip	Country	133	Zip	Cou	ntry			6. Election Campaign Financing	\$5.0	May Be
24	25	29	3	0				Trust Fund Contribution	•	ed to Fees
	9. Name and Address of Current				Γ			10. Name and Address of New Registered	Agent	
					81	Name				
MATOLIEI	AAUTA W				Ц	<u></u>				
	L, ANITA K				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
	MATIS STREET				83					
SUITE 80	04				83					
WEST PA	ALM BEACH FL 33401				84	City			85 Z	ip Code
					} }			<u>FL</u>		
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508, Florida Statutes	, the al	bove I by	named of the corpo	corporation	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoint	changing intment as	its registered registered
agent. 1 a	am familiar with, and accept the obligation	ns of	, Section 617.0503, Florid	ta Stati	utes					
SIGNATURE							_			
	Signature, typed or printed name of registered agent a	ınd title	if applicable. (NOTE: R		Agen	t signature re	quired w	when reinstating) DATE		7000 111 46
12.	OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AN		
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NAME	MITCHELL, ANITA			1.2 NA	ME	ĺ				
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CITY-ST-ZIP	WEST PALM BEACH FL 33401			14.00	1.4 CITY-ST-ZIP					_
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NAME	A40 OLEMATIC OTDEET			1			۲,10 1,10	CLEMATIS STREET, SLITE	804	
STREET ADDRESS						ADDRESS	217	ST PALM BEACH, FL 334	N	
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CITY-ST-ZIP	WEST PALM BEACH FL 33401			3.4. C	TY-S	T-ZIP				
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.=	AND CHEMNIC CITIEST					ADORESS				
STREET ADDRESS										
CITY-ST-ZIP	WEST PALM BEACH FL 33401		C) DELETE	_	TY-51	r-ZIP	~		☐ Chan	ge Additio
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STREET ADDRESS	s			5.3 \$1	REET	ADDRESS	400	CLEMATIS STREET	-1	
CITY-ST-ZIP					TY-S	T-ZIP	WE	ST PALM BEACH, FL 3340		
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STREET ADDRESS				6.3 ST	TREET	TADDRESS	400	CLEMATIS STREET, SWITE	: 201	
JINEE I AUUNESS	[•	TY-S1	T-71P	در. 44در	ST PALM BEACH, FL 33401		
CITY OF 710										

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

595538-90013-44 N9800005654

ADDITIONAL BOARD MEMBERS:

PATRICK J. ROONEY, JR 222 LAKEVIEW AVENUE, SLITE 1400 WEST PARM BEACH, FL 33401

DAVID GOODLETT

330 CLEMATIS STREET, SUITE 207.

WEST PALM BEACH, FL 33401

PATTI A. VELAS QUEZ 200 WEST ATLANTIC AVENUE DELRAY BEACH, FLORIDA 33444