

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90327 044 ****61.25

DOCUMENT # N98000006713

1. Entity Name

SAN-DAN ENTERPRISES, INC.

Principal Place of Business 236 30TH AVE VERO BEACH FL 32968	Mailing Address 236 30TH AVE VERO BEACH FL 32968-2007
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, SANDRA
236 30TH AVE
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD KELLY, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS 236 30TH AVE	
ST-ZIP VERO BEACH FL 32968	
TITLE VD MORRIS, ROBIN D	<input type="checkbox"/> Delete
STREET ADDRESS 236 30TH AVE	
ST-ZIP VERO BEACH FL 32968	
TITLE D MORRIS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 2034 ALAFAYA TRAIL	
ST-ZIP ORLANDO FL 32826	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Kelly **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (561) 460-2200
 Date Daytime Phone # 01 312