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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:51

DOCUMENT # P10724 (3)

1. Corporation Name
L. M. SANDLER & SONS, INCORPORATED
(AMENDMENT PENDING)

Principal Place of Business	Mailing Address
448 VIKING DR STE. 220 VIRGINIA BCH VA 23452 US	P O BOX 3460 ATTN S L SAMUELS NORFOLK VA 23514-3460 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 02/17/1994
4. FEI Number 54-0612539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if appropriate) (Typed Name of Agent) (Signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	SANDLER, SAM
STREET ADDRESS	444 VIKING DR, STE. 220
CITY - ST - ZIP	VIRGINIA BCH VA
TITLE	PD
NAME	SANDLER, STEVEN B
STREET ADDRESS	444 VIKING DR, STE. 220
CITY - ST - ZIP	VIRGINIA BCH VA
TITLE	STD
NAME	SANDLER, REBA
STREET ADDRESS	444 VIKING DR, STE. 220
CITY - ST - ZIP	VIRGINIA BCH VA
TITLE	VSD
NAME	SANDLER, ARTHUR B
STREET ADDRESS	444 VIKING DR, STE. 220
CITY - ST - ZIP	VIRGINIA BCH FL
TITLE	AS
NAME	SANDLER, SHERI
STREET ADDRESS	448 VIKING DR STE. 220
CITY - ST - ZIP	VIRGINIA BEACH VA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SANDLER, Sam
13. STREET ADDRESS	448 Viking Drive, Suite 220
14. CITY - ST - ZIP	Virginia Beach, VA 23452
21. TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	SANDLER, Steven B.
23. STREET ADDRESS	448 Viking Drive, Suite 220
24. CITY - ST - ZIP	Virginia Beach, VA 23452
31. TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	SANDLER, Reba
33. STREET ADDRESS	448 Viking Drive, Suite 220
34. CITY - ST - ZIP	Virginia Beach, VA 23452
41. TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	SANDLER, Arthur B.
43. STREET ADDRESS	448 Viking Drive
44. CITY - ST - ZIP	Virginia Beach, VA 23452
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in no event with an addition.

SIGNATURE: _____
NON-TYPED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Sandler

1-18-95 804/463-5000