SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P93000014249 (5)

SANDY RAY CORPORATION

FILED Aug 26 1998 8:00am Secretary of State



| Principal Place | e of Bus iness | Malling Ac | ldress | | | | TIPE INC. NO LEVE NAME CON CONT. | ** ***** **** **** | | | |
|--|---|-----------------------|---------------------|------------------|-------|--|--|--|--------------------------|------------------------|--|
| 7210 ULMERTO | N ROAD | | RTON ROAD | | | | | | | | |
| SUITE J | 74 | | SUITE J | | | | DO NOT WRITE IN THIS SPACE | | | | |
| LARGO FL 33771 LARGO FL 33771 | | | | | | | 3. Date Incorporated or Qualified | | | | |
| | | | | | | | 02/17/1993 | | | | |
| 2. Principal Place of Business 2a, Mailing Address | | | | | | | 4. FEI Number | | A | pplied For | |
| 21 | | 26 | 26 | | | | 59-3170965 | | N | ot Applicable | |
| Suite, Apt. | #, etc. | ├ ─~~ | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | • | Additional | |
| 22 | | 27 | | | | | | | | equired | |
| City & Stat | е | ⊢ -¬ ' | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | | Zip Country | | | | Trust Fund Contribution | aid the curren | | | |
| 24 | 25 25 | | 29 30 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| 24 | 9. Name and Address of Curr | | | | | 10. Name and Address of New Registered Agent | | | | - | |
| TAS | SILLO, RAYMOND | | · | • | 81 | Name | | | _ | | |
| 7210 ULMERTON ROAD | | | | | 82 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | | | |
| SUITE J | | | | | 83 | | | | | | |
| LAR | GO FL 33771 | | | | | | | | | | |
| | | | | | B4 | City | | FL | | Code | |
| 11. Pursuant | t to the provisions of sections 607.0 registered angree or both, in the Sta | 502 and 607 1508, | Elorida Statute | s, the ab | ove- | named corp the corpora | oration submits this statement for the pution's board of directors. I hereby accep | rpose of ch ar It the appoi ntr | iging its r nent as r | egistered egistered | |
| agent. I | am familiar with and accept the ob | ligations of, soptio | 607.0505, Fid | orida Stat | utes | i. | Ś | 7-5-9 | PP/ | - | |
| SIGNATURE Signature, tyglyd o'r printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 12. | | AND DIRECTORS | | 13. | | gont organization to | ADDITIONS/CHANGES TO OF | FICERS AND | DIRECT | ORS IN 12 | |
| TITLE | P | | DELETE | 1.1 TI | TLE | | | | Change | Addition | |
| NAME | TASSILLO, SANDRA | | _ | 1.2 N/ | ME | | | | | | |
| STREET ADDRESS 7210 ULMERTON ROAD, SUITE J | | | | | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 1.4 CI | TY-ST | -ZIP | | | | <u> </u> | |
| TITLE | | | DELETE | 2.1 TC | TLE | | | | Change | Addition | |
| NAME | | | | 2.2 NA | ME | | | | | | |
| STREET ADDRESS | | | | 2.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 2.4 CI | | -ZIP | | | | | |
| TITLE | | | DELETE | 3.1 Tr | | | | Ļ | _ Change | Addition | |
| NAME | | | | 3.2 NA | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | <u> </u> | 3.4 CI 4.1 TI | _ | -ZIP | | | 1 | | |
| | | | DELETE | 4.2 NA | | 1 | | | _ Change | Addition | |
| NAME STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | | | | | | | |
| TITLE | | | DELETE | 5.1 11 | | -gir | | | Change | Addition | |
| NAME | | | III DECEIE | 5.2 N | | | | | _ c.,p.igc | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 Ct | | | | | | | |
| TITLE | | | DELETE | 6.1 TI | | | | | Change | Addition | |
| NAME | | | | 6.2 N | AME | | | - | _ • | _ | |
| STREET ADDRESS | | | | 6.3 57 | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.4 CI | TY-ST | -ZIP | | | | | |
| | actifu that the information supplied u | with this filing dose | not qualify for t | he evern | ation | etated in se | ection 119 07(3)(i) Florida Statutes, Lfur | ther certify the | at the info | rmation | |

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 suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 chapted, or on an attack point with an address.

8/11/98