

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046216 (6)**

1. Corporation Name

SANDI LYNNE WRITTEN WORDS, INC.

Principal Place of Business

**3377 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33066**

Mailing Address

**3377 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33066**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

04/06/1994

4. FEI Number

11-2630694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITTER, GREGORY J
7000 W PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	FREEMAN, SANDRA L	3377 CARAMBOLA CIRCLE SOUTH	COCONUT CREEK FL 33066
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY - ST - ZIP	Change	Addition
PRESIDENT	SANDI POLIN AKA SANDI LYNNE	9119E BOCA GARDENS CR. SO.	BOCA RATON FL 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY - ST - ZIP	Change	Addition
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY - ST - ZIP	Change	Addition
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY - ST - ZIP	Change	Addition
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY - ST - ZIP	Change	Addition
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this form, or in an attachment with an address.

SIGNATURE:

Sandi Polin Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (305)
994-0613
Date Daytime Phone #