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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070657

1. Corporation Name
SANDROSE GROUP, INC.

Principal Place of Business
2258 GOODWOOD BLVD
SUITE 104
SMYRNA GA 30080
US

Mailing Address
2870 PEACHTREE RD
SUITE 104
ATLANTA G 30305
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 724133**
Suite, Apt. #, etc.

4. FEI Number
65-0443664

Applied For
Not Applicable

22 City & State

27 City & State
ATLANTA GA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country
31139 USA

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

24

29

30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDER, STANLEY R
6815 WILLOW WOOD DR #4036
BOCA RATON FL 33434**

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 ☐ DELETE
NAME **P SANDER, RICHARD M**
STREET ADDRESS **2870 PEACHTREE RD STE 104**
CITY-ST-ZIP **ATLANTA GA 30305**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **P O BOX 724133**
1.4 CITY-ST-ZIP **ATLANTA GA 31139**

TITLE ☐ DELETE
NAME **V ROSENBERG, DAVID S**
STREET ADDRESS **2870 PEACHTREE RD STE 104**
CITY-ST-ZIP **ATLANTA GA 30305**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **P O BOX 724133**
2.4 CITY-ST-ZIP **ATLANTA GA 31139**

TITLE ☐ DELETE
NAME **V SANDER, PETRA J**
STREET ADDRESS **2870 PEACHTREE RD, SUITE 104**
CITY-ST-ZIP **ATLANTA GA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **P O BOX 724133**
3.4 CITY-ST-ZIP **ATLANTA GA 31139**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/1999

7708011998

Date

Daytime Phone #