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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004469

SANDHAUS COMMUNICATIONS INC.

Principal Plac	e of Business	Mailing A	ddress							O IBIII: AZBEL DO	jil ab iil bi	1121			DIIKR FULL IARI
727 VIA MILANO CIR 727 VIA MILANO CIR APOPKA FL 32712 APOPKA FL 32712															
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US US							ŀ	3.	Date Incorpora				,,,,,,		
								l	01/10/1994						
2. Principal P	Place of Business	2a. Mailin	g Address						FEI Number					App	lied For
21		26							59-3219564	ŀ				Not	Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.						Certifcate of St	tatus Dacira	d [1	\$8.7	75 AC	dditional
22		27						J.	Certificate of St	atus Desire	u _	ı	Fe	e Req	quired
City & Stat	te	City &	State					6.	Election Camp	algn Financ	ing _	1			May Be
23	, , , , , , , , , , , , , , , , , , ,	28							Trust Fund Cor	ntribution		J 	Add	ded to	Fees '
Zip	Country	Zip			untry			l	This corporatio		current ;				_
24	25	29		30	1				Personal Prope				Yes		□No
ļ	9. Name and Address of Curr	ent Registered A	\gent		04	N/		10.	Name and Ad	dress of Ne	ew Regi	stered A	gent		
CAN	IDHAUS, AYMAR				81	Name	Э								
	VIA MILANO CIR				82	Stree	t Addres	ss (P.	O. Box Numbe	r is Not Acc	eptable)				
	PKA FL 32712								4 1.	<u> </u>	*0, 20	<u> </u>	الإشي		44 9 24 3 12 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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					84	City					,	FI	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508	R Florida Statu	ites, the a	above	-name	d corpora	ation	submits this st	atement for	the purp	oose of c	<u>l l</u> hangin	a its r	egistered
office or r	registered agent, or both, in the Sta	ite of Florida. Such	h change was a	authorize	d by t	the con	poration'	's boa	ard of directors	. I hereby a	ccept the	e appoint	ment a	is regi	istered
agent. i a	m familiar with, and accept the obli	gations or, Section	M 607.0000, Fit	onaa sia	tutes.										
l .															
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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 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1-21-99 /409 814-0511

FILED

Feb 16, 1999 8:00am

Secretary of State

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