FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Horthair

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010835 (4)

SAND DOLLAR REAL ESTATE, INC.

Principal Place of Business

Mailing Address

FILED Jun 09 1997 8:00am Secretary of State



9722 \$ THOMAS DR PANAMA CITY BEACH FL 32408		9722 S THOMAS DR PANAMA CITY BEACH FL	9722 S THOMAS DR PANAMA CITY BEACH FL 32408-4232				•	
					3. Date Incorporated or Qualified 02/03/1994	3a. Date of Las 05/28/199		
	lace of Businoss	2a. Mailing Address			4. FEI Number)	Applied For	
21		26			59-3239814		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25		29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Rec	stered Agent		
	/ELLE, MARY		8	Name				
9722 S THOMAS DR PANAMA CITY BEACH FL 32408				2 Street Address (P.O. Box Number is Not Acceptable)				
PAN		8:						
			•`	1				
			84	City		FL 85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607 (0562 and 607.1508. Florida Statute	es, the above	ve-named con	poration submits this statement for the pu		its registered	
office or re	egistered agent, or both, in the St	ate of Florida. Such change was a oligations of, Section 607.0505, Flo	uthorized b	y the corpora	poration submits this statement for the pution's board of directors. I hereby accept	t the appointment	as registered	
	in lamilal willi, and accept the ob	ingadors of, Section don Coos, Fio	iiicia Siaiuis	15.				
SIGNATURE	Signature, lyped or printed name of registered	agent and tillo if applicable (NOTE	Registered A	gent signature requ	ired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12	
TITLE	Př.	DÉLETE	1,1 TALE	7		☐ Chang	e 🔲 Addition	
NAME	SAVELLE, MARY		1.2 NAME					
STREET ADDRESS	1429 TROUT DR.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL			ST-2IP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE	DELETE		2 1 TITLE			L Chang	e 📙 Addition	
NAME			2.2 NAME	i				
Street Address				ET ADDRESS				
CITY-ST-ZIP	[] DELETE			2 4 CHY-ST-ZIP 31 THLE Change		o Addition		
TITLE NAME			3.1 TH LE 3.2 NAME			· · L_J Unlang	e L Addition	
street address				1 ADDRESS				
CITY-ST-ZIP			3.4. City					
TITLE	DECETE		4.1 TITLE	UI EII		Chang	e Addition	
NAME		_	4, 2 NAM	.)		0		
STREET ADDRESS	<u>;</u>			T ADDRESS				
CITY-ST-ZIP	7		4.4 CITY-					
TITLE			5 1 TITLE			Chang	e Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CHY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chang	e 🔲 Addition	
NAME			G.2 NAME					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	S1-ZIP				

4. I do 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 eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicates in Block 13 if paging or up an effective of the corporation.

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MALLINE COMPLETE

4/20/67

904.236.220