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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011381 (8)

SANITY INVESTMENTS, INC.

STREET ADDRESS

CITY-ST-ZIE

Principal Place of Business Mailing Address 800 BRICKELL AVE., STE, 902 800 BRICKELL AVE., STE. 802 MIAM! FL 33131 MIAMI FL 33131-2914 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1994 04/11/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0550076 Not Applicable Suite, Apt # leto Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip. Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVER, PATRICIA M 800 BRICKELL AVE., STE. 902 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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. Lam familiar with land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Step above, typed or per technarize of orgentered agent and tipe if as plicable INCITE: Begistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE TOT. F 117006 Change Addition SILVER, PATRICIA M NAME 1.2 NAME 800 BRICKELL AVE., STE. 902 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TOLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ChTY - \$1 - 7(P) 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET AUDRESS 3.3 STREET ADDRESS CITY:\$1:77 3.4. CITY-ST-ZIP DELETE 100 F 4.1 TOLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP QHY-\$1-76* DELETE 1916 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-Z-5.4 CHTY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 62 NAME

> 6.3 STREET ADDRESS 6.4 City - \$1 - 712

14. 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 and cated on this annual report or suppliemental 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.