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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Morthath

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400034934 (7)

SANFORD HOUSE, INC.

STREET ADDRESS

Principal Place of Business		Mailing Address		4 14911091 410 18111 0(8)1 48111 04111 49111 9910	7 11(1) 61616 16166 11(1) 6161 1661	
2421 E. JEFFERSON STREET			2421 E. JEFFERSON STREET			
ORLANDO FL 32803		ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	1
					05/05/1994	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-3242003	Not Applicable
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	te, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			S, Contincate of Status Desired	Fee Required
City & State		City & State	···		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7 _{(p}	Coun	teu	Trust Fund Contribution	Added to Fees
24	25	29	30	шу	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
24]	9. Name and Address of Currer		130		10. Name and Address of New Register	= -
DB	AGE, THOMAS B JR.			Name		
120 S. ORANGE AVENUE				2 Street Add	In a fact that the state of the	
ORLANDO FL 32802			-	Street Add	ress (P.O. Box Number is Not Acceptable)	
J.,,			8	13		
			-	4 City	:	
			l°	14 City	1	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	22 and 607 1508, Florida State	ites, the abo	ve-named cor	poration submits this statement for the purpos	e of changing its registered
agent. La	egistered agent, or dom, in the state im familiar with, and accept the oblig	ations of, Section 60 7.0 505, F	i autnorized Torida Statul	by ine corpora lės.	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typnd or printed name of registered age			lgent signature requ	ired when reinstating) DAI	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	····
	D RAGE, JOANNE R		1.5 100			Change Addition
NAME Street adoress	2421 E. JEFFERSON STREET	•	1.2 NAM	_		
•	ORLANDO FL 32803			ET ADDRESS		
CITY-ST-ZIP TITLE	VSTD	DELETE	1.4 CHY-SI-ZIP DELETE 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	DRAGE, THOMAS B		2.2 NAM	1		onlings rodition
STREET ADDRESS	A4A4 E MEEEDAAN ATREET			ET ADDRESS	•	
CITY-ST-ZIP	ORLANDO FL 32803			/-ST-ZIP		
TITLE	VP □ DELETE		3.1 TITLE		,	Change Addition
NAME	DRAGE, JOHN E		3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	Orlando fl		3.4. CITY	'-ST- Z IP		
TITLE	DRAGE, BILLIE	JP DELETE	4.1 3(1)			Change Addition
NAME	10. Box 2024 31	1680 N. Washind	201 LOO	D		
STREET ADDRESS	PT CHARLOTTE, FL 3	3949-2024	4.3 STRE	ET ADORESS		
CITY-ST-ZIP	- ARCE	3949-2023 1019, FL 3398	4.4 City			
TITLE		☐ DELETE	5.1 71718			Change Addition
NAME			5.2 NAM	E		
STREET ADORESS			5.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE			Change Addition

14. Lereby 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 aurust 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 13 or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP