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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000051113

1. Corporation Name

SAND DUNES DEVELOPMENT INC

SAINU U	UNES DEVELOPMENT,	, 1110.							
Principal P ace	e of Business	Mailing Address			+   0 0   1   0 0   1   1   1   1   1   1	811 88111 88111 <b>9</b> 8111 691	#4 #11#4  1##1  1##1	1 11304 1111 1361	
1	T ISLAND CAUSEWAY	P.O. BOX 320637							
STE 6		SUITE 4	*** = '			OT WESTER IN TI	IC CDACE		
MERRITT IS_AND FL 32952		* *	COCOA BEACH FL 32932-0637 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US		US			07/11/1994	Qualifeo			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			59-3255591		No	ol Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	esired	•	Additional	
22		27			5. Certificate of Status C	esiled [	Fee Re	equired	
City & State	e	City & State			6. Electic n Campaign F	nancing	\$5.00	May Be	
23		28			Trust Fund Contributi	on	Added	to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owe	the current year	ntangible		
24	25	29	30		Personal Property Ta	x	☐ Yes	□No	
	9. Name and Address of C	Curren: Registered Agent			10. Name and Address	of New Register	d Agent		
			81	1 Name	Gregory W. Glass				
	BERT L. BEALS		82	2 Street	Address (P.O. Box Number is No	t Acceptable)			
	W HIBISCUS		"	Sireot	1800 W. Hibiscus				
STE			83	3	5 1 100				
MEL	Bourne FL 32902		ļ_		<u>Suite 138</u>		0 7:-	C ode	
			84	4 City	Melbourne	F'		902	
11. Pursuant	to the provisions of Sections 60	07.050:2 and 607.1508, Florida Statutes State of Florida. Such change was au bligations of, Section 607.0505, Florida	s, the above	ve-named	corporation submits this stateme	nt for the purpose	of changing its jointment as re	egistered	
onice or i	registered agent, or botti, in the	abligations of Costion 607 0505 E orig	do Statuto	y the corp	of short a board or smoothers: I then				
j		poligations of, Section 607.0505, Forth	da Statute	y the corp es. 6-/4	-:55	4/1	6/99		
agent. I a	Signature, typy opported name of registr	ered agen: and title if applicable. (NO) C. F.	Registered Age	y the corp es. 6-/4 ent signature	recuired when reinstating	9// DATE	6/99		
SIGNATURE	Signature, type or	bred agen: and title if applicable. (NO C.F.	Registered Age	y the corp es. 6-14 ent signature	recuired when reinstating  ADDITI DNS/CHANGE	9// DATE	AND DIRECTO	DRS IN 12	
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CITY-ST-ZIP 14. There by 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.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFIG THE DIRECTOR

Daytime Phone #