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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064811 (0) 1. Corporation Name SANDCO OF CAPE CORAL, INC. Principal Place of Business 130 DEL PRADO BLVD. \$ 110 DEL PRADO BLVD. \$										
CAPE CORAL US	FL 33990	CAPE CORA US	CAPE CORAL FL 33990-1700 US				3. Date Incorporated or Qualified 09/01/1994		ate of Last)5/1996	Report
2, Principal 21	Place of Business	2a. Mailing 26	Address	······································			4, FEI Number 65-0516870			Applied For Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 27							5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28					•		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25		Gountry 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 A	gent				10. Name and Address of New Re	gistered	Agent	
SANDERS, SCOTT ALAN					81 Name					
130 DEL PRADO BLVD. S #1 CAPE CORAL FL 33990				82	Stre	et Addre	ress (P.O. Box Number is Not Acceptable)			
				83		·— (177) - (17				
				84	City			FL	85 Zip	Code
11. Pursuar office o agent. I	nt to the provisions of Sections 607. If registered agent, or both, in the St I am familiar with, and accept the of	0502 and 607.1508 late of Florida Such oligations of, Section	, Florida Statute i change was a n 607,0505, Flo	os, the abov uthorized b rida Statute	e-name / the cos.	ed corpo orporation	oration submits this statement for the pon's board of directors. I hereby acceptions	ourpose o	I changing jointment a	its registered s registered
SIGNATURE	Shauldur i typed or premot nonic of registered	I noent and little if applicab	lo (NOTE	: Registered Aa	ent signa	ure repulre	d when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICE	CERS AN	DIRECTO	PS IN 12
101 f	D		DELETE	1.1 TITLE		Τ΄—			Change	Addition
NAME	RUSSELL, W. KEVIN			1,2 NAME						
STREET ALORESS 18501 MURDOCK CIRCLE, 6TH FLOOR				1 3 STREE	1 3 STREET ADDRESS					
City-St 7/P	PORT CHARLOTTE FL 3394	8		1.4 CITY - :	ST - ZIP					
IIILE	P		DELETE	21 TITLE				<u></u>	Change	Additio
NAME	SANDERS, MARY ANN			22 NAME						
STREET ADDRES	130 DEL PRADO BLVD. SOL	ЛH #1		2 3 STREE	ADDRES	s				
6.15 07 20	CAPE CORAL FL			D 4 017V		1				

6/14 - 8* - 20 DELETE 3.1 TITLE Change Addition THE SANDERS, SCOTT NAME 3.2 NAME 130 DEL PRADO BLVD. SOUTH #1 STREET ADDRESS **33 STREET ADDRESS** CAPE CORAL FL 34 CiTY-ST-ZIP CITY S1-ZIP DELETE Change Addition 11114 4.1 TITLE NAVE 4. 2 NAME 4.3 STREET ADDRESS STREET ACCORESS 4.4 CITY - ST - ZIP COLY-S1-ZW DELETE Change Addition UIU 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C/14 - ST - 7/P 1111 DELETE 6.1 TITLE Change Addition 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP DITY-SI-7-2

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 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

SIGNATURE:

FILED

May 12 1997 8:00am

Secretary of State

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