PROFIT CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P9400064811**

SANDCO OF CAPE CORAL, INC.

Delevised Dise	- of Dunings	Mailles Address				- I IORYIOON INR JOHN OLAN TOONI OTALI	1000 DOM DIS	Te combit Î	
Principal Place of Business Mailing Address Mailing Address						- A war was a second of the se			
130 DEL PRADO BLVD. S #1 130 DEL PRADO BLVD. SOI						DO NOT WRITE IN THIS SPACE			
CAPE CORAL FL 33990 CAPE CORAL FL 33990 US									
						3. Date Incorporated or Qualifed			Ì
					<u> </u>	09/01/1994			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26				65-05 16870			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required			
22 27									
City & State City & State					- -	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 28 7.0			Country						
Zip				3 ·		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Cui	29	30			10. Name and Address of New Registe		<u></u>	=
	o. Manie and Address of Cul	reur vediaraten wägur	8	31	Name	Harris and Harrison of Hotel Holling			
SAN	DERS, SCOTT ALAN								
130 DEL PRADO BLVD. S				32	Street Addre	ess (P.O. Box Number is Not Acceptable)			
#1				33					
CAPE CORAL FL 33990				l					
				34 City			⊏ 85	85 Zip Code	
44 2	as the assistance of Castions 607	0500 and 607 1509 Florido Statut	e the ebe		named come	oration submits this statement for the purpos	a of chand	na its:	registered :-
l office.orm	egistered agent, or both, in the St	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized b	oy in	ie corporatio	on's board of directors. I hereby accept the a	ppointment	as reg	istered
_	in laminal with, and accept the co	algaliona of, decilon dor.soos, riol	nou olulon						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Ag	gent s	signature required	d when reinstating) DATI	E		 -
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIR	ECTO	RS IN 12
TITLE	D DELETE 1.		1,1 TETLE	1,1 TITLE			□Ch	ange	Addition
NAME	RUSSELL, W. KEVIN		1.2 NAMI	1.2 NAME					
STREET ADDRESS	TADDRESS 18501 MURDOCK CIRCLE, 6TH FLOOR			1.3 STREET ADDRESS		,			
CITY-ST-ZIP	DODE OLIADI OTTE EL GODAG		1.4 CITY-ST-ZIP		ZIP				
TITLE	P	☐ DELETE	2.1 TITLE	Ē			☐ Ch	ange	Addition
NAME	SANDERS, MARY ANN			Ε					
STREET ADDRESS	400 DEL DOLOG DIAD COLUEL #4			EET A	DDRESS				
CITY-ST-ZIP	CARE CORAL EL			Y-ST-	ZIP				
TITLE	V	DELETE	3.1 TTL				Ch	ange	☐ Addition
NAME	SANDERS, SCOTT		3.2 NAM	ΙE		- control			
STREET ADDRESS	130 DEL PRADO BLVD. SO	UTH #1	3.3 STRE	EET A	DORESS				
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY	Y-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITLE	Ē			Ch	iange	☐ Addition
NAME .			4, 2 NAN	Æ					
STREET ADDRESS			4.3 STR	EET A	ODRESS				
CITY-ST-ZIP	l		44 CITY	4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL				Ch	ange	☐ Addition
NAME			5.2 NAM	Æ					
STREET ADDRESS	,		53 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP				
TITLE		☐ DELETE	6.1 TITUE	Ē			Ch	ange	Addition

CITY-ST-ZIP 14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90103 024 ***150.00