FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P94000082228 (5)

THE S	SAND TRAP COMPANY			 	
Principal Place	e of Business	Mailing Address		A TAOUTURE THE WALL WIND TO SELL THE SE	1911 BB101 (0416 B1010 11016 H4001 1011 H40)
3048 FOXHI APOPKA FL	ILL CIR., APT. 106 . 32703-4991	3048 FOXHILL CIR. APOPKA FL 32703-			
Dringing Di				3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 08/25/1995
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-3278553	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State		6. Election Campaign Financing	Fee Required
23		28			□ \$5.00 May Be Added to Fees
Ζφ	Country	Zip	Count y	8. This corporation has liability for inta	
24	25	29	30	Florida Statutes 🔲 Yes [□No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Reg	stered Agent
COARAZA	AY, DAVID		81 Name		;
	OXHILL CIR., APT. 106		82 Street Ado	lress (P.O. Box Number is Not Acceptable)	
	A FL 32703-4991		83		
74 01 10	V 1 C 25100-4391				
			84 City		FL 85 Zip Code
familiar wit	to the provisions of Sections 607,0502 ad agent, or both, in the State of Florith, and accept the obligations of, Sect	and 607.1508, Florida Stati da. Such change was author on 607.0505, Florida Statuti	utes, the above named corpo- ized by the corporation's bodes	ration submits this statement for the purpos and of directors. Thereby accept the appoint	
SIGNATURE _	Signature typed or protect name of registered ages	according of appointment of the control of the cont	#Ole Registrated Agent squarane regime	7.5	
12.	OFFICERS AND	T 1 1/2	13.	ADDITIONS/CHANGES TO OFFICE	DATE PS AND DIRECTORS IN 10
TITLE	Р	☐ DELETE	1 1 10 LE	ADDITIONS/OF INITIOES TO OFFICE	Change Addition
NAME	CONWAY, DAVID		1.2 NAME		
STREET ADDRESS	3048 FOXHILL CIRCLE #106		1.3 STREET ADDRESS		
CITY-SI-ZIP	APOPKA FL 32703-4991		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2 1 TITLE		Change Addition
NAME	WHITT, GREGORY		2.2 NAME		_
STREET ADDRESS	1008 PINESHADOW DRIVE		2.3 STREE1 ADDRESS		
CITY-ST-ZiP TITLE	APOPKA FL 32712		2.4 CITY - ST - ZIP		
NAME		☐ DELETE	3 1 TIPLE		☐ Change ☐ Addition
STREET ADDRESS			3 2 NAME		į.
CITY - ST - ZIP			33 STHEET ADDRESS		
TITLE		Devele	34 C/TY - \$1 - Z/P		
NAME			4 1 T TLE		Change C Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			43 STACE ADDRESS		
TITLE		DELETE	. 4.4 C(TY - ST - ZIP - 5.1 TITLE		Change The Address
NAME		•	5.2 NAME		Change Addition
STREET ADDRESS			53 STREE ADDRESS		
CITY - ST - 7:P			5.4 CHY-5.1-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		The armage The volution
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S7 - ZIP			6.4 C/TY - \$1 - Z/P		

64.01Y-\$1-7IP

14. I do hereby certify that the information supplied write this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this armust report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under carbon that I am an officer or director of the corporation or the reserve or trustee empowered or 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.

SIGNATURE: DAVID COWAY

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

AND THE SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR