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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090484 (4)

1. Corporation Name
SANCO I, INC.

Principal Place of Business
1200 CORPORATE CENTER WAY STE. 100
WELLINGTON FL 33414

Mailing Address
1200 CORPORATE CENTER WAY STE. 100
WELLINGTON FL 33414-2108



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1994	3a. Date of Last Report 04/26/1996
21. State, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0541373	Applied For Not Applicable
23. Zip	24. Country	28. Suite, Apt. #, etc.	29. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Zip	26. Country	30. Suite, Apt. #, etc.	31. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27. Zip		28. Country		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SANDS, DONALD A
1200 CORPORATE CENTER WAY STE. 100
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
NAME	2. STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	3. CITY - ST - ZIP	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	4. DELETE	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	5. DELETE	3.1 TITLE	3.2 NAME
	6. DELETE	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	7. DELETE	4.1 TITLE	4.2 NAME
	8. DELETE	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	9. DELETE	5.1 TITLE	5.2 NAME
	10. DELETE	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	11. DELETE	6.1 TITLE	6.2 NAME
	12. DELETE	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 13 if changed, or in an attachment with an address.

SIGNATURE: Donald A. Sands Donald A. Sands, President 3/17/97 561 883 6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)