

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000006894 (6)

1. Corporation Name  
SANBRA, INC.



600001869236  
-06/20/96--01029--051  
\*\*\*225.00

Principal Place of Business  
1301 E ATLANTIC BLVD  
SUITE 1  
POMPANO BEACH FL 33060

Mailing Address  
1301 E ATLANTIC BLVD  
SUITE 1  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report N/A
4. FEI Number 65-0603362	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9948 Woodwind Lane Suite, Apt. #, etc. 22 City & State 23 Lake Worth, FL Zip 24 33467	2a. Mailing Address 26 2090 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 27 Suite 800 City & State 28 West Palm Beach, FL Zip 29 33409	Country 30 Palm Beach
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9. Name and Address of Current Registered Agent

SANTOS, JOYCE L  
1301 E ATLANTIC BLVD  
SUITE 1  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name Charles C. Chillingworth, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 2090 Palm Beach Lakes Boulevard
83 Suite 800
84 City West Palm Beach
85 Zip Code FL 33409

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, 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

*Charles C. Chillingworth*

(NOTE: Registered Agent Signature Required When Registering)

6/10/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTOS, JOYCE L 8501 NW 52 CT LAUDERHILL FL 33351	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P, D MANALAYSAY, JUDY 9948 Woodwind Lane Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP, D TREVINO, CEZAR 9948 Woodwind Lane Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	EXEC. VP, D COLLUM, JOHN 9948 Woodwind Lane Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T, D RUBIN, MIKE 1776 N Pine Island Road, Suite 314 Plantation, FL 33322-5233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S, D CHILLINGWORTH, CHARLES C. 2090 Palm Beach Lakes Blvd., Suite 800 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	700001869236 -06/20/96--01029--052 ***8.75	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

*Charles C. Chillingworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 401/640-6000

DATE

CR2E034 (12/95)