

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

**FILED**  
**May 12 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 # P95000006894 (6)**

1. Corporation Name  
**SANBRA, INC.**



Principal Place of Business: **9948 WOODWIND LANE LAKE WORTH FL 33467**  
 Mailing Address: **2090 PALM BEACH LAKES BLVD. SUITE 800 WEST PALM BEACH FL 33409-8308**

3. Date Incorporated or Qualified: **01/23/1995**      3a. Date of Last Report: **06/19/1996**  
 4. FEI Number: **65-0603362**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)      2a. Mailing Address (25-29)  
 Suite, Apt. #, etc. (22)      Suite, Apt. #, etc. (27)  
 City & State (23)      City & State (28)  
 Zip (24)      Country (25)      Zip (29)      Country (30)

9. Name and Address of Current Registered Agent  
**CHILLINGWORTH, CHARLES C ESQ  
 2090 PALM BEACH LAKES BLVD.  
 SUITE 800  
 WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MANALAYSAY, JUDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9948 WOODWIND LANE	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL 33467	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPD TREVINO, CESAR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9948 WOODWIND LANE	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL 33467	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	EVPD COLLUM, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9948 WOODWIND LANE	3.2 NAME	
STREET ADDRESS	LAKE WORTH FL 33467	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD RUBIN, MIKE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1776 N PINE ISLAND ROAD, SUITE 314	4.2 NAME	
STREET ADDRESS	PLANTATION FL 33322-5233	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD CHILLINGWORTH, CHARLES C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2090 PALM BEACH LAKES BLVD	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33409	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/30/97**      **561/000-1000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Paying From #

CR2E034 (9/96)