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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031903

THE SANDRINGHAM COMPANY

| Principal Place of Business | Mailing Address |
|-----------------------------|---------------------|
| 1298 COCOANUT ROAD | 1298 COCOANUT ROAD |
| BOCA RATON FL 33432 | BOCA RATON FL 33432 |

FILED Feb 10, 1999 8:00am **Secretary of State** 02-10-1999 90052 049 ***150.00

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| Principal Plac | e of Business | Mailing Address | | | | | J DB (11 0) 110) | . 18411 49198 1111 1 | ••• |
| 1298 COCOANUT ROAD 1298 COCOANUT ROAD BOCA RATON FL 33432 BOCA RATON FL 33432 | | | | | | DO NOT INDITE IN T | | <u>-</u> | |
| | | | | | | DO NOT WRITE IN THE 3. Date Incorporated or Qualifed | IIS SPACE | | |
| | | | | | | 04/24/1995 | ē | | |
| 2 Principal P | Place of Business | 2a, Mailing Address | | | | 4. FEI Number | | Applied For | , |
| 21 | lace of Business | 26 | | | | 65-0577090 | | Not Applica | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | \$8. | 75 Additiona | |
| 27 | | | | | 5. Certificate of Status Desired Fee Required | | | | |
| City & State City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | | Trust Fund Contribution | Ad | ded to Fees | |
| Zip | Country | Zip | | untry | | 8. This corporation owes the current year | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐Yes | □No | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Address of New Register | a Agent | | - |
| GLE | NNIE, DIANNE F | | | 1,, | Name | | | | |
| | COCOANUT ROAD | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | A RATON FL 33432 | | | 83 | | 1920 April 2000 120 200 400 400 500 500 500 500 500 500 500 5 | V\$ 1. 1. PEY | 19/25 19 1 | 331 |
| | | | | | | विराज्येत्री मिन्न ही हो है है है है से हैं है | 建建筑 | 3 13 (3) | |
| | | | | 84 | City | कर अक्षण प्रदारण स्थाप अधिक पुरूष के प्रकार विकेशिया है। | 85 | Zip Code'''' | * >- 1 |
| office of ragent. I a | egistered agent, or both, in the state im familiar with, and accept the obligations of the obligation | ations of, Section 607.0505, Fl | orida Sta | tutes. | | n's board of directors. I hereby accept the ap | | | |
| 12. | | ND DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRE | CTORS IN 1 | 2 5 |
| TITLE | D | ☐ DELETE | 1.1 7 | ME | | TO NOW | ☐ Cha | nge 🗌 Add | dition |
| NAME | GLENNIE, DIANNE F | | 1.21 | IAME | | | | | 1 |
| STREET ADDRESS | 1298 COCOANUT ROAD | | 1.3 5 | TREET | ADDRESS | | | | } |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 1.4 (| TY-ST | -ZIP | | · | | } |
| TITLE | D | ☐ DELETE | 2.1 1 | TILE | | | ☐ Cha | nge 🗌 Add | fition |
| NAME | GLENNIE, MICHAEL F | | 2.21 | IAME | | | | | |
| STREET ADDRESS | | | 2.3 9 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | | CITY-ST | - ZIP | | | inge ∏ Add | dition |
| TITLE | and the second | ☐ DELETE | 1 | TTLE | j | • | ☐ Cha | nge ∐ Add | ויסטוג |
| NAME | | | | IAME | | | | | - |
| STREET ADDRESS | - 1 | | 1 | | ADORESS | | 45 (3) 3 () | 15 1 10 10 11 | 351 351 |
| CITY-ST-ZIP | | | | CITY-ST TTLE | -ZIP | 2.1.13(2) (2) \$\$\$\$\$\$\$\$\$\$\$ | | nge ⊡'Ad | dition |
| TITLE NAME | | I DELETE | 4. | | | | Cha | ugo : 1 s El suco | |
| | | ☐ DELETÉ | 4.2 | | | | . ☐ Cha | | · |
| STREET ADDRESS CITY-ST-ZIP | | Ų DELETE | 1 | NAME | ADDDESS | | ;; ☐ Che | | |
| | | (_) DELETE | 4.3 5 | NAME STREET | ADDRESS | (日本) (日本) (日本) (日本) (日本) (日本) (日本) (日本) | Cha | | |
| | | | 4.3 S 4.4 (| NAME STREET I | | STATE OF THE STATE | ∴ Cha | inge □ Ado | lition |
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| TITLE NAME | State of the state | | 4.3 \$ 4.4 (5.1 T 5.2 N 5.3 \$ 5.4 (| NAME STREET A STY-ST- STILE NAME STREET A | ADDRESS | | | | ž. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sign of the state | ☐ DELETE | 4.3 \$ 4.4 (5.11 5.2 N 5.3 \$ 5.4 (6.11 | NAME STREET, CITY-ST- TILE LAME STREET, CITY-ST- | ADDRESS | | ☐ Cha | | ž. |

6.4 CITY-ST-ZIP 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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: