

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000050149 (0)

1. Corporation Name

SANFORD PLAZA, INC. OF DELTONA

Principal Place of Business

2921 ORLANDO DRIVE
SUITE 100
SANFORD FL 32773

Mailing Address

2921 ORLANDO DRIVE
SUITE 100
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1995

4. FEI Number

59-3322997

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 577 Deltona Blvd.

Suite, Apt. #, etc.

22 Suite - 21

City & State

23 Deltona

Zip

24 32725

Country

25 Yvelasia

2a. Mailing Address

26 P.O. Box 5357

Suite, Apt. #, etc.

City & State

28 Deltona, FL 2

Zip

29 32728

Country

30 Yvelasia

9. Name and Address of Current Registered Agent

SMITH, S. DAVID
2921 ORLANDO DRIVE, SUITE 100
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name Thomas J. Hackert

82 Street Address (P.O. Box Number is Not Acceptable)

83 149 19th Avenue

84 577 Deltona Blvd. Suite 21

City

White Stone Deltona FL

85 Zip Code

32725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HACKERT, THOMAS J
STREET ADDRESS 149 19TH AVENUE
CITY-ST-ZIP WHITESTONE NY 11357

TITLE DVST ☒ DELETE

NAME SMITH, S. DAVID
STREET ADDRESS 701 RALEIGH COURT
CITY-ST-ZIP DELTONA FL 32728

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Thomas Hackert

1.3 STREET ADDRESS is also Director

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Samuel D. Smith

2.3 STREET ADDRESS 795 Coltra Lane Director

2.4 CITY-ST-ZIP Deltona, FL 32725 Y.P. Sec

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS J. HACKERT 7/19/98 904-789-2405

CR2E034 (5/98)