08191999-90005-002-$1,117.50-$558.75

999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 19, 1999 8:00 am
Secretary of State
08-19-1999 90005 002 *1,117.50

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050149

1. Corporation Name

SANFORD PLAZA, INC. OF DELTONA

Principal Place of Business	Mailing Address
577 DELTONA BOULEVARD ~~SUITE 21~~ DELTONA FL 32725	P.O. BOX 5357 DELTONA FL 32728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 20	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HACKER, THOMAS J
577 DELTONA BOULEVARD
SUITE 21
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name: Stanlee J. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 577 Deltona Blvd. Ste
83: Suite 20
84 City: 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 _____ 8-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HACKERT, THOMAS J		1.2 NAME		
STREET ADDRESS	149 19TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WHITESTONE NY 11357		1.4 CITY-ST-ZIP		
TITLE	DVS	☑ DELETE	2.1 TITLE	Vice Pres, Secretary	☐ Change ☑ Addition
NAME	SMITH, SAMUEL D		2.2 NAME	Stanlee J. Smith	
STREET ADDRESS	795 COLTRA LANE		2.3 STREET ADDRESS	577 Deltona Blvd. Suite 20	
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: SIGNATURE REQUIRED 8-10-99 904-804-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #