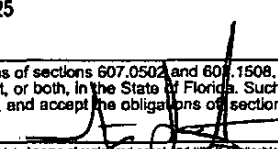
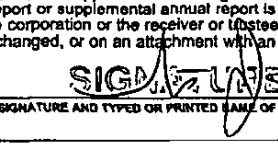


AMOUNT DUE ON OR BEFORE 09/15/99: \$558 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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 577 DELTONA BOULEVARD SUITE 21 DELTONA FL 32725			Mailing Address P.O. BOX 3357 DELTONA FL 32728		
2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 06/27/1995	
Suite, Apt. #, etc. Suite 20		Suite, Apt. #, etc. 27		4. FEI Number 59-3322997	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 29		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. Suite 20 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  (NOTE: Registered Agent signature required when reinstating) DATE 8-14-99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME HACKERT, THOMAS J STREET ADDRESS 149 19TH AVENUE CITY-ST-ZIP WHITESTONE NY 11357			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE ☒ DELETE NAME SMITH, SAMUEL D STREET ADDRESS 795 COLTRA LANE CITY-ST-ZIP DELTONA FL 32725			2.1 TITLE Vice Pres. Secretary ☐ Change ☒ Addition 2.2 NAME Stanlee J. Smith 2.3 STREET ADDRESS 577 Deltona Blvd. Suite 20 2.4 CITY-ST-ZIP Deltona, FL 32725		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS 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:  SIGNATURE REQUIRED 8-14-99 904-804-1714 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)