

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060233 (0)

1. Corporation Name

SARBRAND GROUP, INC.



Principal Place of Business

Mailing Address

5401 S KIRKMAN ROAD
SUITE 325 160
ORLANDO FL 32819

5401 S KIRKMAN ROAD
SUITE 325 160
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21 5401 S. KIRKMAN RD.

26 5401 S. KIRKMAN RD.

Suite, Apt #, etc

Suite, Apt #, etc

22 SUITE 160

27 SUITE 160

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32819

25 USA

29 32819

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, CHARLES A
1065 S HIAWASSEE ROAD
APT 1412
ORLANDO FL 32835

81 Name

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

83

84 City

FL

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

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	U.P / SECRETARY	<input type="checkbox"/> DELETE
NAME	PHIL W. BRUNO	
STREET ADDRESS	4643 EASON COVE DR. APT 2216	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	U.P / TREASURER	<input type="checkbox"/> DELETE
NAME	ANTHONY V. SARDINAS	
STREET ADDRESS	811 STONECHAPEL CT	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHARLES A. ANDERSON	
STREET ADDRESS	1065 S. HIAWASSEE RD. APT 1412	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY V. SARDINAS

VICE PRESIDENT

SARBRAND GROUP

6/5/96

(407) 363-6910

Daytime Phone #

CR2E034 (3/96)