

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070737 (8)

1. Corporation Name

SANDALWOOD OPERATING COMPANY

Principal Place of Business

305 MILL STREET
POUGHKEEPSIE NY 12601

Mailing Address

305 MILL STREET
POUGHKEEPSIE NY 12601

2. Principal Place of Business

21 State, Apt., Bldg.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt., Bldg.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

ANDERSON, WALLACE B JR
ONE HARBOUR PLACE
TAMPA FL 33602

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FEIN Number

14-1787169

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 602.01(2) and 607.15(2), 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, Sections 602.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
D POSNER, LAWRENCE R
305 MILL STREET
POUGHKEEPSIE NY 12601

2. TITLE
NAME
3. TITLE
NAME

4. TITLE
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10. TITLE
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11. TITLE
NAME

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST., ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST., ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST., ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplement, if any, 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 registered or trusted employee 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 as an attachment with a checkmark.

SIGNATURE: *Lawrence R. Posner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE R. POSNER 5/30/96 914-471-8848

CR2E034 (12/95)