FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Mori

Secretary of Sta DIVISION OF CORPOR

ONS

1998 P95000091834 (8) DOCUMENT #

SAND JETS, INC.

Principal Place of Business

3300 N. SURF RD., #15 HOLLYWOOD FL 33019

Mailing Address

5531 S.W. 44TH AVE. FT.LAUDERDALE FL 33314

FILED Jan 22 1998 8:00am Secretary of State



		!		DO NOT WRITE IN THIS	S SPACE	
		Changed to: 20		 Date Incorporated or Qualified 12/04/1995 		
2. Principal Place of Business		2a. Mailing Address 26 400 ADAMS	(772)	4. FEI Number 65-0632564	Applied For Not Applicable	
Suite, Apt. #, 6	tc.	26 -700/10/77//S Suite, Apt. #, etc.	3770	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State HOLLYWOOP	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 33019 Cou	itry	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	LING, EVA S.W. 44TH AVE.		B1 Name			
	SUDERDALE FL 33314	ļ	Street Address (P.O. Box Number is Not Acceptable)			
			63			
		j	84 City	F	L 85 Zip Code	
11. Pursuant to th	e provisions of Sections 607.0	502 and 607.1508, Florida Statutes, the ab	ove-named cor	poration submits this statement for the purpose	of changing its registered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	Signature, typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS	Registered Agent signature i	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE	Change Addition
NAME	SCHILLING, EVA	1.2 NAME	_ · -
STREET ADDRESS	5531 SW 44TH AVENUE	1.3 STREET ADDRESS	AND ANAMS STR.
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	1,4 CITY - ST - ZIP	400 ADAMS STR. HOLLYWOOD FL 33019
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. C/TY - ST - Z/P	
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 Y I LE	Change Addition
NAME		6.2 NUME	
STREET ADDRESS		6.3 S REET ADDRESS	
City . St . Fig		CACT V CT 7ID	

14. I hereby certify that the information supplied with this filing does not qualify for the example of the corporation or the receiver or trustee empowered to execute an officer or director of the corporation or the receiver or trustee empowered to execute his 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.

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