

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90104 045 ***150.00

DOCUMENT # P96000005689

1. Corporation Name
SANCO II, INC.



Principal Place of Business
**18743 LONG LAKE DR.
SUITE 100
BOCA RATON FL 33496-1908
US**

Mailing Address
**18743 LONG LAKE DR.
SUITE 100
BOCA RATON FL 33496-1908
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1996

4. FEI Number **65-0634056** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **C/O RENDINA COMPANIES**

26 **C/O DONALD SANDS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **222 LAKEVIEW AVE. 17 FL**

27 **THE HIGHLANDS**

City & State

City & State

23 **WEST PALM BEACH, FL.**

28 **SEATTLE, WA**

Zip

Country

Zip

Country

24 **33401**

25 **U.S.**

29 **98177-5002**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMITER, RICHARD B
1200 CORPORATE CENTER WAY
SUITE 100
WELLINGTON FL 33414**

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 **D** ☐ DELETE
NAME **SANDS, DONALD A**
STREET ADDRESS **18743 LONG LAKE DR.**
CITY-ST-ZIP **BOCA RATON FL 33196**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **SANDS, DONALD A.**
1.3 STREET ADDRESS **THE HIGHLANDS**
1.4 CITY-ST-ZIP **SEATTLE, WA 98177-5002**

TITLE **D** ☐ DELETE
NAME **SANDS, MARTHA P**
STREET ADDRESS **18743 LONG LAKE DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **SANDS, MARTHA P.**
2.3 STREET ADDRESS **THE HIGHLANDS**
2.4 CITY-ST-ZIP **SEATTLE, WA 98177-5002**

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, with all other like empowered.

SIGNATURE:

Donald A. Sands, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99
Date

206 362 1428
Daytime Phone #

0375089

CR2E034 (11/98)