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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000013261** (8)

SANDMAN OF SOUTHWEST FLORIDA, INC.

Principal Place 10279 BOCA CI NAPLES FL 339	RCLE	Mailing Address 10279 BOCA CIRCLE NAPLES FL 34109-7325				
					3. Date Incorporated or Qualified 02/08/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			# <i>650647578</i>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	/	8. This corporation has liability for	
24	9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Re	Yes No
DELF	N, JAMES V	it negistered Agent	81	Name	IV. Name and Address of New Ne	gistorou Agent
	9 BOCA CIRCLE					
NAPLES FL 33942			82	Street Ac	ldress (P.O. Box Number is Not Acceptal	ne)
			83			
			84	City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.050	32 and 607 1508. Florida Stati	ites the abou	e-named co	orporation submits this statement for the	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	oof Florida. Such change was	: authorized h	v the caron	ration's board of directors. I hereby acce	pt the appointment as registered
_	rit tarmilar with, and accept the oblig	ations of, aection 607.0000, r	IOHOA Statute	3.		
SIGNATURE	Signature typed or printed name of registered ag	ent and title 4 applicable (NC	DTL Registered Ag	ent signature rei	quired when reinstating)	DATE
12.		ID DIRECTORS	13.	г.	ADDITIONS/CHANGES TO OFFI	
TITLE	o'Brien, Jeffrey f	⊠ DELĒTĒ	11 TITLE			Change Addition
NAME	580-31ST STREET S.W.		1 2 NAME	I ADDRESS		
STREET ADDRESS CITY-ST-ZIP	NAPLES FL 33964		1.3 SINCE			
TITLE	D	DELETE	21 11/16	31-21		Change Addition
NAME	O'BRIEN, STACY E	•	2.2 NAME			
STREET ADDRESS	580-31ST STREET S.W.		2.3 STREE	1 ADDRESS		
CITY - ST - ZIP	NAPLES FL 33964		2 4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	DELDIN, JAMES V 10279 BOCA CIRCLE		3.2 NAME			!
STREET ADDRESS	NAPLES FL 33942			T ADDRESS		
CITY-ST-ZIP	D	DELETE	4.1 TITLE	S1 - ZIP		Change Addition
NAME	DELDIN, LINDA K		4. 2 NAME			
SIREET ADORESS	10279 BOCA CIRCLE			T ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		4.4 CITY -			
THILE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADORESS		
C(1Y · S1 - ZIP		1 86.775	5.4 C(TY-	ST-ZIP		D 066 D 42.00
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. I do hereby certify that the information supplied with this filling 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.

CICKIATUDE.

Locus MISS

120.90 1941.514.2215

FILED

Feb 18 1997 8:00am

Secretary of State