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TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000019778

1. Corporation Name
SAND + SANF INC

REINSTATEMENT

Principal Place of Business	Mailing Address
640 E OCEAN AVE BOYNTON BEACH, FL 33435	

3. Date Incorporated or Qualified: 3/3/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 640 E OCEAN AV	26 640 E OCEAN AV
Suite, Apt. #, etc. 22: 23	Suite, Apt. #, etc. 27: 23
City & State 23: BOYNTON BEACH	City & State 28: BOYNTON BEACH
Zip 24: 33435 Country 25:	Zip 29: 33435 Country 30:

4. FEI Number: 65-0647312 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JEFFREY LEVITT	81 Name: JEFFREY LEVITT 82 Street Address (P.O. Box Number is Not Acceptable): 640 E OCEAN AVE 83 84 City: BOYNTON BEACH FL 85 Zip Code: 33435

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: Jeffrey Levitt — JEFFREY LEVITT — 11/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Richard Gilbert ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SCHEDULE 1 ☐ Change ☐ Addition -12/24/97--01038--001 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDRA ROSEN ☒ DELETE PRESIDENT 800 S OCEAN BLVD 33441 DEERFIELD BEACH, 334	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 12-22
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PRESIDENT ☐ Change ☒ Addition RICHARD GILBERT 2002 GRANDA 02 COCONUT CREEK FL 33061
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SECRETARY - TREA. ☐ Change ☒ Addition WAYNE LAPORTE 1000 B CHUKKER RD DELRAY BEACH 3344
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Wayne R LaPorte — 12/11/97 — 561-737-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #