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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000020221 (3) DOCUMENT # 1. Corporation Name

SANDALFOOT MOBIL, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						9 14616 Batti elbid	11991 (181 1981	
9950 SANDAU BOCA RATON	9950 SANDALFOOT BLV BOCA RATON FL <b>3342</b> 8				DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualified	110 01 1102	
		1				03/05/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<del></del>	Applied For
21     26						65-0647726		Not Applicable
22		Suite, Apt. #, etc.	7			5. Certificate of Status Desired		5 Additional Required
City & Stat	City & State	s State			6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country	28	Zip Country					od to Fees
24	25	<sub>1</sub>	30]	,,,,		<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes	Intangible
24	25   29   30   30   9. Name and Address of Current Registered Agent					10. Name and Address of New Registe		
ΔΜ	ERILAWYER CHARTERED			81	Name			
343 ALMERIA AVENUE				82	Street Addu	ess (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83				
				84	City		85 Zi	ip Code
							┍┖╸┆╶╎	`
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on f <mark>a</mark> miliar with, and accept the obliga	of Houda. Such change was	authorized	i by i	the corporation	oration submits this statement for the purpor on's board of directors. I hereby accept the	se of changing appointment a	j its registered as registered
SIGNATURE.	Wiles		is a market of the	-,				
Signature, typed or printed name of registered agent and tole if applicable (NOIE Re  OFFICERS AND DIRECTORS				Registered Agent signature requirer  13.		nd when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	PD	DELETE	1.1 101	LE		NODITIONO, OF INTOLES	Change	
NAME	CRESCENZO, ARNIEL S							
STREET ADDRESS	AARA ALUBAI FAAY BILID			1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 C(1Y - S1 - Z(P				,
TITLE	V	V DELETE 2		2.1 TILLE			Change	e Addition
NAME	CRESCENZO, KAREN		2.2 NAI	2.2 NAME.				
STREET ADDRESS	9950 Sandalfoot Blvd.		2.3 STREET ADDRESS		NDDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		2 4 CI	2 4 CITY-ST-ZIP				
TITLE	• `		3.1 1111	3.1 TITLE			☐ Change	e Addition
NAME	• • • • • • • • • • • • • • • • • • • •		3.2 NAI	ME				
STREET ADDRESS	*		3.3 STF	3.3 STREET ADDRESS				
CITY-ST-ZIP	↑ <del></del>		3.4. CIT	IY-SI	- ZIP			
TITLE	i e e e e e e e e e e e e e e e e e e e		4.1 TITLE				☐ Change	e 🔲 Addition
NAME			4. 2 NA	4.2 NAME				
STREET ADDRESS			4 3 STR	REET A	NDDRESS			
CITY-SI-ZIP				4 4 CITY - ST - ZIP			——————————————————————————————————————	
TITLE		DELFTE	51 TITLE				☐ Change	e [] Addition
NAME			5.2 NAI					
STREET ADDRESS			1		ADDRESS			1
CITY-ST-ZIP				5 4 CITY - S1 - ZIP			D Obs	a I Addition
TITLE	[] DELI		61 TIFLE				☐ Change	e L Addition
NAME			6.2 NAM		-			
STREET ADDRESS			4		IDDRESS			į
CHY-SI-ZIP	natity that the internation employed	ith this filing done not qualify f	6.4 CIT			Section 119.07(3)(i). Florida Statutes. I furthe	v cortifu that t	ha information

invalues not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information invalues the same legal effect as if made under oath; that I am an or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in licht with an address. indicated on this annual report of officer or director of the conforation Block 12 or Block 13 if changes.