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1997 JUL 11 PM 8:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000023212 (9)

1. Corporation Name: SANDRA PSYCHIC SERVICES, INC.



Principal Place of Business Mailing Address: 833 WEST COMMERCIAL BOULEVARD, ROOM 214 TAMARAC FL 33319-2141

Handwritten: 405 N.W. 134 HWY PLANTATION FL 33325

2. Principal Place of Business 2a. Mailing Address. Includes fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/14/1996. 3a. Date of Last Report. 4. FEI Number: 65-0664608. 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 [X]. 10. Name and Address of New Registered Agent.

9. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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:

Table with 12 columns: 12. OFFICERS AND DIRECTORS (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-12 columns for name and address changes). Includes handwritten notes and a stamp: 'Corrected on 000002242960--9 -07/21/97--01095--015 ****165.00 ****165.00'.

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: Susan Alexander 4/31/97

CR2E034 (9/96)