

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000023212 (9)**

1. Corporation Name  
**SANDRA PSYCHIC SERVICES, INC.**



Principal Place of Business  
**405 N.W. 134TH WAY  
 PLANTATION FL 33325**

Mailing Address  
**405 N.W. 134TH WAY  
 PLANTATION FL 33325**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/14/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

**65-0664608**

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

g. Name and Address of Current Registered Agent

10. Name and Address of New 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

**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  DELETE  
**PSTD**  
 NAME **ALEXANDER, SUSAN**  
 STREET ADDRESS **405 N.W. 134TH WAY**  
 CITY - ST - ZIP **PLANTATION FL 33325**

1.1 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

2.1 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3.1 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4.1 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6.1 TITLE  Change  Addition

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.

**SIGNATURE:** *Susan Alexander*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0207175**

CR2E034 (10/97)