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

CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

1. Corporation SANDO	LLAR CONSULTING CORP					
Principal Place of Business		Mailing Address				
4348 CORAL HILLS DR CORAL SPRINGS FL 33085 US		4348 CORAL HILLS DR CORAL SPRINGS FL 33	nec			
		US			DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualified 03/21/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		57-1020450	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	nlry	8. This corporation owes or has paid the cu	grept year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent			10, Name and Address of New Registered	Agent
	sse, mike			81 Name		
4348 CORAL HILLS DR CORAL SPRINGS FL 33085				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	FI	85 Zip Code
SIGNATURE 2	1111 / / / / / / / / / / / / / / / / /	Mike	H.55		poration submits this statement for the purpose of fion's board of directors. I hereby accept the ap	pojntment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TO	LE		Change Addition
NAME	HESSE, MIKE		1.2 NA	ME		
STREET ADDRESS	4348 CORAL HILLS DR		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CI	Y-ST-ZIP		
TriLE		DELETE	2.1 Til			☐ Change ☐ Addition
NAME			2.2 NA			
STREET ADDRESS				REET ADDRESS		
City-St-ZiP	☐ DELETE			TY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		L DELETE	3 1 TIT 3.2 NA			C OMBING C MOUNTAIN
STREET ADDRESS				ME REET ADORESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	4.1 [1]			Change Addition
NAME			4.2 N	· .		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 1(1			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 <b>S</b> 1	REET ADDRESS		
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP		
TITLE		DELETE	6.1 TII			Change Addition

14. I 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 roport or supplemental around 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 conversions of the thirder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if the grad, you arrange ment with an address.

**FILED** 

May 01 1998 8:00am

Secretary of State