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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000031339 (0)

SAND CASTLE NANNIES, INC.

Principal Place of Business

Mailing Address

8734 DUCHESS COURT EAST

8734 DUCHESS COURT EAST

FILED Jun 03 1997 8:00am Secretary of State



BOYNTON BEACH FL 33436		BOYNTON BEACH FL 33436-7519								
							ate Incorporated or Qualified	3a. Dat	e of Last R	
	Place of Business	2a. Mailing Address				4. FE	l Number		Ap	plied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				ļ				t Applicable
22		27				5. Ce	ertificate of Status Desired		\$8.75 A	
City & Stat	te	City & State					ection Campaign Financing		\$5.00	
Zip	Country	28 Zip	Coun	try			ust Fund Contribution ils corporation has liability for il		Added t	
24	25	├ ¬ '	30	"`US	A-			Yes [100.002,
	g. Name and Address of Curren	t Registered Agent				10. N	ame and Address of New Reg	istered A	gent	
	LDON, MARY		['	B1 Na	me	8	ame			1
8734 DUCHESS COURT EAST			Į.	82 Str	eet Addres	ss (P.O.	Box Number is Not Acceptable	le)		
BOYNTON BEACH FL 33436			-	B3				·		
				-3						
			Ī	34 Cit	y			FI	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.									s registered registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AN		13.	Agent sigr	ature required		DITIONS/CHANGES TO OFFICE		DIRECTOR	S iN 12
TITLE 7	Colleen Lindb		1.1 THE	 E	Co	TT e	President Cours	4	Change	Addition
NAME 4	Co-ovner Cour	, ,	1.2 NAN	ΛE	VI	C t	Problem	301		1
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NAME	8734 Duckess	CLE	2.2 NAN	Æ				•		ĺ
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I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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