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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000037139 (8)

J. SANDMAIER INC

FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1031 NW 7TH AVENUE 1031 NW 7TH AVENUE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0659574 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 ☐ No 24 25 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A 81 Name SANDMAIER, JERALD 1031 NW 7TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 83 84 City 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 d applicable (NOTI - Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 13. D TITLE DELETE Change Addition 1.1 THE SANDMAIER, JERALD CR2E034 NAME 1.2 NAME 1031 NW 7TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby 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 emowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 2 if changed, or on an analysis with an addiress.

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