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FILED

**Feb 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000100318 (0)

1. Corporation Name
SANDY PINES DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

**201 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

**201 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901-4503**

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3423148

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOSTRO, VICTOR S ESQ.
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901**

81 Name

C. Douglas Engle

82 Street Address (P.O. Box Number is Not Acceptable)

201 E. New Haven Ave

83

84 City

Melbourne

FL

85 Zip Code

32901

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

C. Douglas Engle

C. Douglas Engle

2-17-97

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
NAME **D**
JEFFERIES, BENJAMIN E
STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32901**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **D**
ENGLE, C. DOUGLAS
STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32901**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **D**
THOMPSON, RONALD
STREET ADDRESS **201 EAST NEW HAVEN AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32901**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **D**
Albert J. Bosco
STREET ADDRESS **201 E. New Haven Ave**
CITY-ST-ZIP **Melbourne, FL 32901**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *C. Douglas Engle* **C. Douglas Engle** **2/17/97** **(407) 725-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE # 0001000

CR2E034 (9/96)