

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 SEP 14 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000016702**

Silver Sands Development, Inc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

9899

21	2a. Mailing Address 849 Eglin Parkway N.E.	26	2b. Mailing Address 849 Eglin Pkwy N.E.	4.	FEI Number 59-3427599	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	NIA	27	NIA	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Fort Walton Beach, Fl.	28	City & State Fort Walton Beach, Fl.	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country OKaloosa	29	Country OKaloosa	8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent Silver Sands Development, Inc. Paul E. Hartzog President 849 N.E. Eglin Pkwy Ft. Walton Beach, FL 32548	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

I, the undersigned, being the authorized officer of the corporation, hereby certify that the information furnished in this report is true and correct. I further certify that the information furnished in this report is true and correct 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 the report.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OWNER (President) PAUL HARTZOG 981 Bay Shoec Drive Val PARAISSO, FL 32578	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002989447-7 -09/17/99--01004--004 ****300.00 ****300.00
N/A	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
N/A	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
N/A	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
N/A	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
N/A	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A

I, the undersigned, being the authorized officer of the corporation, hereby certify that the information furnished in this report is true and correct. I further certify that the information furnished in this report is true and correct 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 the report.

SIGNATURE: *[Signature]* **8/25/99** **850-314-0444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Prefix

CR2E034 (10/97)