

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000023652 (5)

1. Corporation Name

FLORIDA SANDS REALTY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5835 MEMORIAL HIGHWAY STE 14
TAMPA FL 33615

5835 MEMORIAL HIGHWAY STE 14
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2700 N. MACDILL AVE

26 2700 N. MACDILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 207

27 207

City & State

City & State

23 TAMPA FL

28 TAMPA FL, 33607

Zip

Zip

24 33607

29 FL 33607

Country

Country

25 HILLSBOROUGH

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-343 0014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

MARTINEZ, NANCY E
5835 MEMORIAL HIGHWAY STE 14
TAMPA FL 33615

81 Name

NANCY E. MARTINEZ

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

2700 N. MACDILL AVE # 207

83

84 City

TAMPA

FL

85 Zip Code

33607

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

PRESIDENT

JOSEPH DICK MARTINEZ

2700 N. MACDILL AVE # 207

TAMPA, FL 33607

SECRETARY/TREASURER

☒ Change

☐ Addition

NANCY E. MARTINEZ

2700 N. MACDILL AVE TAMPA, FL 33607

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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:

Nancy E. Martinez

3/23/98

CR2E034 (10/97)