

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90042 002 ***150.00

DOCUMENT # P97000025492

1. Corporation Name

SANDERLING FINANCIAL GROUP, INC.

Principal Place of Business

1010 RUSSELL DRIVE

SUITE 3

HIGHLAND BEACH FL 33487

Mailing Address

1019 RUSSELL DRIVE

SUITE 3

HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-0736261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4681 HAMMOCK CIR

2a. Mailing Address

26 4681 HAMMOCK CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELRAY BCH, FL

City & State

28 DELRAY BCH, FL

Zip

24 33445

Country

Zip

29 33445

Country

30

9. Name and Address of Current Registered Agent

RUBIN, ALLAN

1010 RUSSELL DRIVE

SUITE 3

HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

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

4681 HAMMOCK CIRCLE

84 City

DELRAY BCH

FL

85 Zip Code

33445

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 ALLAN RUBIN

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 D ☐ DELETE

NAME RUBIN, SHARON R

STREET ADDRESS 1019 RUSSELL DRIVE, SUITE 3

CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE D ☐ DELETE

NAME RUBIN, ALLAN

STREET ADDRESS 1010 RUSSELL DRIVE, SUITE 3

CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4681 HAMMOCK CIRCLE

1.4 CITY-ST-ZIP DELRAY BCH, FL 33445

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4681 HAMMOCK CIRCLE

2.4 CITY-ST-ZIP DELRAY BCH, FL 33445

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: ALLAN RUBIN

ALLAN RUBIN

3/16/99

561-638-2323

CR2E034 (1/98)