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

PROFIT CORPORATION ARINIHAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B: Morthagi

ANN	UAL REPORT		Secretary	of State ORPORATIONS	Secretary of State
DOCUMENT # P97000104472 (0) SHIFTING SANDS COTTAGES, INC.					
SMIFT	ING SANDS COTTAGES	, INC.			Libalibadi jir irdii drah bahii bahii bahii bahii drah drah birk birk irdii
Principal Plac	ce of Business	Mailing Ad	ddress		
10232 GULF TREASURE I	BLVD. Sland FL 33706		10232 GULF BLVD. TREASURE ISLAND FL 33708		DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified 12/11/1997
2. Principal f	Place of Business	2a. Mailing 26	Address		4. FEI Number Applied For Sq - 3480839 Not Applicable
Suite, Apt		27	Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Star 23		City & 28	State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29		Country 30	8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. Yes And
Name and Address of Current Registered Agent LEPORE, FRANK V Name Name Name Name					
10232 GULF BLVD.				82 Street	Address (P.O. Box Number is Not Acceptable)
TREASURE ISLAND FL 33706				83	
[
				84 City	FL 85 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 register-	ad agent and title it applicab	e (NOTE:	Registered Agent signature	required when reinstating) DATE
12.		S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITLE	PRESIDENT Change X Addition
NAME				1.2 NAME	FRANK V. LEPORE 10232 GULF BLUDI
STREET ADDRESS CITY-ST-ZIP				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706-4811
TITLE			DELETE	2.1 TITLE	Change Addition
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP			DISCETE	2. 4 CITY - ST - ZIP	
TITLE NAME			☐ DELETE	3.1 TITLE 3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4. City - ST - ZIP	
TITLE			DELETE	4.1 TITLE	Change Addition
NAME				4. 2 NAME	
STREET ADORESS				4.3 STREET ADDRESS	
CITY-ST-ZIP			DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE I NAME			FT DECEIE	5.1 TITLE 5.2 NAME	L. Change L. Adoition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	Change Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	

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.

2/14/00 Q12 3/1-7777

FILED

Mar 09 1998 8:00am