

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90177 025 \*\*\*150.00

DOCUMENT # 802441 ✓ (1)

1. Corporation Name

SANDY SILVER, INC.

Principal Place of Business

Mailing Address

2669 FOREST HILL BLVD.  
SUITE 108  
WEST PALM BEACH, FL  
33406

2669 FOREST HILL BLVD.  
SUITE 108  
WEST PALM BEACH, FL  
33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

9/26/90

4. FEI Number

65-0217172

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSAN CHILDS  
1152 S.W. 20TH STREET  
BOCA RATON, FL  
33486

81 Name SUSAN CHILDS

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

756 CAMINO LAKES CIRCLE

83

84 City BOCA RATON

FL

85 Zip Code 33486

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 Susan Childs, Sec.

4/20/99

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 President ☒ DELETE  
NAME Nicholas LaBarbera  
STREET ADDRESS 540 JEFFERSON DRIVE  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME NICHOLAS LABARBERA  
1.3 STREET ADDRESS 544 VIA GENOVA DRIVE  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE SUSAN CHILDS SECRETARY ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS 756 CAMINO LAKES CIRCLE  
2.4 CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 561-641-3067

CR2E034 (11/98)