

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06517 (4)

1. Corporation Name

SAND CRITTERS, INC.

Principal Place of Business

214 HICKMAN DRIVE
SANFORD FL 32771
US

Mailing Address

P. O. BOX 520550
LONGWOOD FL 32752-0550
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
10/17/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0281881

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 has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBOIS, GERALD M. E
1800 W. 49TH ST
STE 213
HIALEAH FL 33012

01 Name

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

03

04 City

FL

05

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

Yardena Newman - YARDENA NEWMAN - PRESIDENT

4/28/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	NEWMAN, YARDENA	1121 BAYSHORE CIRCLE	LONGWOOD FL
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME NEWMAN YARDENA
1.3 STREET ADDRESS 1121 BAYSHORE CIRCLE
1.4 CITY - ST - ZIP LONGWOOD, FL 32750-2954
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 resolver 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:

Yardena Newman - YARDENA NEWMAN

4/28/95

(407) 321-5301

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR