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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79367

(6)

SAND DOLLAR SANDAL FACTORY II, INC.

Principal Place	of Business	Mailing Address				1 1EDHDIE III	10010	Oldii Aktri 346	<b>                 </b>	
6088 TAYLOR RD. NAPLES FL-33942		P. O. BOX 777 WALICONDA IL 60084-0777 US					·			
34/09		•				3. Date Incorporated or Qualified			eport	
2. Principal Pl	ace of Business	2a. Maiting Address				4. FEI Numbe		······································	Ap	plied For
21	ш	Suite Apt. #. etc.			<del></del>	65-0280	X643		<del></del>	t Applicable
Suite, Apt	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate	of Status Desired		\$8.75 / Fee Re	quired	
Gity & State	3	City & State				ampaign Financing Contribution		\$5.00 Added 1		
<sup>Z</sup> ゆ <b>フィノ</b>	Country	Zip	Cou	intry		B. This corpo	ration has liability for	intangible (a		
24 >9.	9. Name and Address of Current	29 Registered Agent	30			Florida Sta	Address of New Re			
SCH	UHKNECHT, WESLEY H.			81	Name					
6088 TAYLOR RD.				82	Street Ad	ldress (P.O. Box Nu	mber is Not Acceptab	ole)		
NAP	LES FL 33942				·····					
				84	City		· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip (	Code
office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida. Such change was	authorize	d by	the corpor	orporation submits the ration's board of dire	nis statement for the poctors. I hereby accep	ourpose of c	changing it intment as	s registered registered
SIGNATURE	Supported typics of princed name of registered agent.	and title if applicable (NO	E: Registere	d Aper	nt signature rer	quired when reinstaling)		DATE		
12.	OFFICERS AND		13.				CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12
TOLE	DP	☐ DELETE	1.1 TI	TLE				Ţ	Change	Addition
NAME	SCHUHKNECHT, WESLEY H.		1.2 N/	AME						
STREET ADDRESS	6088 TAYLOR RD.				ADORESS			*		
CITY - ST - ZIP TILLE	NAPLES FL 34/09 DT	DELETE	1.4 CI 2.1 Ti	TY-SI	i-ZIP	······································	······································	T	Change	Addition
NAMé	SCHUHKNECHT, JANIS I.	hours of the same of	2.2 N/							Las Maskins
STREET ADDRESS	6088 TAYLOR RD.		2.3 \$1	REET	ADDRESS					
CITY - ST - ZIP	NAPLES FL 34/09		2.4C	ITY-\$	IT-ZIP		- 1			
TITLE		☐ DELETE	3.1 TI					I	Change	☐ Addition
NAM:				3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS COLY+ST-ZUP										
TITUE	ON THE RESERVE AND PROPERTY OF THE PROPERTY OF	DELETE	3.4 C 4.1 Tr		1-ZIF			Т	Change	Addition
NAMí			4.2 N					_		
STREET ADDRESS			4.3 \$1	REET	ADDRESS					
CITY - ST - ZIP				TY-\$1	I-ZIP				<u></u>	
TILE		☐ DELETE	5.1 TI					L	Change	Addition
NAME			5.2 N/		1000000					
STREET ADDRESS					ADDRESS					
CHTY - ST - 746' THT:E		DELETE	5.4 CI 6.1 TI		ı-zır				Change	Addition
NAMC			6.2 N					-	<b>*</b>	
STREET ADDRESS			6.3 \$1	REET	ADDRESS					

14. I do 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

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941-597-5987

**FILED** 

Mar 05 1997 8:00am

Secretary of State