

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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # **S99444** (9)

1. Corporation Name  
**FIRST SANLANDO, INC.**

Principal Place of Business

**203 RIVERBEND COURT  
LONGWOOD FL 32779**

Mailing Address

**203 RIVERBEND COURT  
LONGWOOD FL 32779-4918**

3. Date Incorporated or Qualified <b>12/11/1991</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-2996925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**HICKMAN, JAMES W.  
203 RIVERBEND COURT  
LONGWOOD FL 32779-4997**

10. Name and Address of New Registered Agent
81 Name <b>Andre' F. Hickman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>200 Valencia Dr.</b>
83
84 City <b>Maitland</b>
85 Zip Code <b>FL 32751</b>

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 *Andre' F. Hickman* **Andre' F. Hickman** DATE **4/28/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	NAME <b>HICKMAN, ANDRE</b>	1.1 TITLE <b>P/D</b>	NAME <b>Hickman, Andre' F.</b>
STREET ADDRESS <b>203 RIVERBEND CT</b>	CITY-STATE-ZIP <b>LONGWOOD FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>200 Valencia Dr.</b>
1.4 CITY-STATE-ZIP		1.4 CITY-STATE-ZIP <b>Maitland, FL</b>	
TITLE <b>DT</b>	NAME <b>HICKMAN, ANDRE</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>203 RIVERBEND COURT</b>	CITY-STATE-ZIP <b>LONGWOOD FL</b>	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE <b>DST</b>	NAME <b>HICKMAN, CHANTAL</b>	4.1 TITLE <b>V/D</b>	4.2 NAME <b>Miller, Harold A.</b>
STREET ADDRESS <b>203 RIVERBEND CT</b>	CITY-STATE-ZIP <b>LONGWOOD FL</b>	4.3 STREET ADDRESS <b>200 Valencia Dr.</b>	4.4 CITY-STATE-ZIP <b>Maitland, FL</b>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE <b>S/T/D</b>	6.2 NAME <b>Hickman, Josiane M.</b>
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS <b>200 Valencia Dr.</b>	6.4 CITY-STATE-ZIP <b>Maitland, FL</b>
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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: *Andre' F. Hickman* **Andre' F. Hickman** DATE **4/28/97** (407) 331-1688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR