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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21468

SANDDOLLAR OF SANIBEL, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90035 009 ***150.00



Principal Plac	ce of Business	Mailing Address				
1633 PERIWINI	KLE WAY	1633 PERIWINKLE WAY				
SUITE A SUITE A					•	
SANIBEL FL 33957 SANIBEL FL 33957					DO NOT WR	ITE IN THIS SPACE
					3. Date Incorporated or Qualifed 03/16/1992	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0335727	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & Star	te	City & State			6. Election Campaign Financing	□ \$5.00 May Be
23 28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	
24	25	29	30		Personal Property Tax.	Yes No
**1	9. Name and Address of Curre	11	1301		10. Name and Address of New	
	N. 7. 18 18 18 18 18 18 18 18 18 18 18 18 18		81	Name		
MUF	RTY, TIMOTHY J	-				
	3 PERWINKLE WAY		82	Street Addre	ess (P.O. Box Number is Not Accept	able)
	TE A		83		The state of the s	. के
	IIBEL FL 33957		103			
4	115EE 1 E 00001		84	City	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip Code
agan tuta idan	No. 4 Control of the	All Same and a stage of the same		l '		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above	e-named corpo	pration submits this statement for the	purpose of changing its registered
3≜ agent. • a	registered agent, or both, in the State im familiar with, and seemt the oblig	ations of Section 607.0505, Flo	rida Statutes.	ine corporatio	ins board of directors. Thereby accep	pt the appointment as registered
-						
SIGNATURE	CONT VI				1- 1	2 -575
SIGNATURE	Signature, typed on panted darple of registered ap-	ent and title if applicable. (NOTE	: Registered Agen	t signature required	d when reinstating)	2 -57 DATE
SIGNATURE	Signature, typed of parted darple of registered about OFFICERS A	ND DIRECTORS	: Registered Agen	t signature required		DATE FICERS AND DIRECTORS IN 12
	Signature, typed ox printed garrie of registered applications of the DPT			t signature required	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition
12.	Signature, typed of parted darple of registered about OFFICERS A	ND DIRECTORS	13.	t signature required		•
12.	OFFICERS A OPT MURTY, TIMOTHY J.	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	•
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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 logal 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 or arrestachment with an address, with all other like empowered.

SIGNATURE