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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 09, 1999 8:00 am Secretary of State

ł č	1999	WE THE	DIVISION OF	CORPOR	ATIONS			02-09-1999	90021 02	21 ***150	0.00	
ii corporatio						-						
SCIAND	ra enterprises, in	iC.			•							
					İ							
Phincipal Plac	ce.of Business	Mail	ling Address			$\overline{}$.					
1883 DEBBIE L			DEBBIE LN		t							
ORANGE PARK			NGE PARK FL 32073		Ì			50 1107 117	NEC 11 (T) 110			
,						ļ	Date Incom	DO NOT Wi		SPACE		7
						'	04/09/19	· ·				
2: Principal F	Place of Business	2a. N	Mailing Address		ı	4	. FEI Numbe	r		A	pplied For] :
21		26					<u>59-31199</u>)12			ot Applicable	-
Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.		ı		Certifcate o	f Status Desired		•	Additional equired	
City & Sta	te		City & State		<u>'</u>		Election Ca	mpaign Financing	1 —		May Be	1
23		28			·	. `		Contribution	· 🖸		to Fees]
Zip	Country		Zip	Cou	ntry	8	•	ation owes the cu	rrent year In			
24	25 9. Name and Address o	29	rad Agant	30	f	44		roperty Tax. Address of New	Pagistarad	Yes	□No	-
	5. Name and Address o	o current registe	neo Agent		81 Name		, Hame and	Addiess of New	Kehisteren	Agent		1
	RDORFER, E. CHARLES				82 Street	Addrona (D O Box Nun	nber is Not Accep	toblo)			┨
12.6	BLANDING BLVD				Sueet	Audiess (F.O. BOX NUII	liber is Not Accep	itabie)].
JAU	KSONVILLE FL 32210				83			* * * * * * * * * * * * * * * * * * * *	tae Table 1 to 1 to 1 to 1	grant to		
					84 City					85 Zip	Code	1
No. Dureuant	to the provisions of Sections	607 0502 and 607	7 1508 Florida Statut	es the a	vove-named	comorativ	on submite thi	e statement for th	FL e ournose of	changing its	registered	
	to the provisions of decidins	001 .0002 and 001	. 1000, 1 longa Statu	Co, uic ai		corporation	an addining the	a arenenieni ioi in	e haihasa ai	Changing it	o registered	1
"1 4 office or i	registered agent, or both, in the	he State of Florida.	. Such change was a	uthorized	by the corpo	oration's t	opard of direct	tors. I hereby acc	ept the appo	intment as re	egisterea	
office or agent. I a	am familiar with, and accept the	he State of Florida. ne obligations of, S	. Such change was a Section 607.0505, Flo	uthorized	by the corpo	oration's t	opard of direct	tors. I hereby acc	ept the appo	intment as re	egistered	
office or agent. I a	am familiar with, and accept the	ne obligations of, S	Section 607.0505, Flo	uthorized orida Statu : Registered	by the corpo		1 reinstating)	tors. I hereby acc	ept the appo		-	- á
signature	am familiar with, and accept the Signature, typed or printed name of reg	ne obligations of, S	pplicable (NOTE	rida Statu Registered	bý the corpe ites. Agent signature r		1 reinstating)	CHANGES TO C	ept the appo	ND DIRECT	ORS IN 12	1,00)
agent. I a SIGNATURE 12.	Signature, typed or printed name of reg OFFIC	ne obligations of, S	Section 607.0505, Flo	Registered 1.1 TII	by the corportes. Agent signature r		1 reinstating)	tors. I hereby acc	ept the appo		-	1 (11/00)
signature	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G.	ne obligations of, S	pplicable (NOTE	Registered 13. 1.1 TIT	by the corportes. Agent signature r		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT	ORS IN 12	1004 /44/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G.	ne obligations of, S	pplicable (NOTE	Registered 13. 1.1 TIT 1.2 NA 1.3 STI	by the corportes. Agent signature r		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT	ORS IN 12	DOE034 (41,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D	ne obligations of, S	pplicable (NOTE	Registered 13. 1.1 TIT 1.2 NA 1.3 STI	by the corporates. Agent signature r LE ME REET ADDRESS' Y-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT	ORS IN 12	CD2E034 (41,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E.	ne obligations of, S	pplicable (NOTE TORS	Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	by the corporates. Agent signature r LE ME REET ADDRESS Y-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12	CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN	ne obligations of, S	pplicable (NOTE TORS	E: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 4.4 CIT 2.2 NA 2.3 STI	by the corporates. Agent signature in the corporate in t		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12	CD2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E.	ne obligations of, S	pplicable. (NOTE TORS DELETE	: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 2.4 CI 2.4 CI 2.4 CI 2.4 CI	by the corportes. Agent signature in the signature in th		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12 ☐ Addition ☐ Addition	CD2E034 (41,00)
AMME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN	ne obligations of, S	pplicable (NOTE TORS	E Registered 13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT	by the corportes. Agent signature r LE ME ME TY-ST-ZIP LE TY-ST-ZIP LE TY-ST-ZIP LE TY-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12	CD2EA34 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE	E Registered 13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CCC 3.1 TIT 3.2 NA	by the corportes. Agent signature r LE ME ME TY-ST-ZIP LE TY-ST-ZIP LE TY-ST-ZIP LE TY-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12 ☐ Addition ☐ Addition	CDDE024 (41,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOTALE T	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE	E: Registered 13. 1.1 TIT 1.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI	by the corportes. Agent signature r Agent signature r LE ME REET ADDRESS Y-ST-ZIP LE TY-ST-ZIP LE ME ME ME ME ME ME ME ME ME		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12 ☐ Addition ☐ Addition	CD2C034 (1108)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOTALE T	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE	E: Registered 13. 1.1 TIT 1.2 NA 2.3 STI 2.4 CT 3.1 TIT 3.2 NA 3.3 STI 3.4. CT 4.1 TIT	by the corportes. Agent signature in the corportes of th		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO	ORS IN 12 ☐ Addition ☐ Addition	CDDE024 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOTALE T	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE	E: Registered 13. 1.1 TIT 1.2 NA 1.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.1 TIT 4.2 NA 4.2 NA 4.2 NA 4.1 TIT 4.2 NA 4.2 NA 4.1 TIT 4.2 NA 4.2	by the corportes. Agent signature in the corportes of th		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT(ORS IN 12 Addition Addition	CDDE034 (4108)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE	E Registored 13. 1.1 TIT 1.2 NA 1.3 STI 2.4 CI 2.1 TIT 2.2 NA 2.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 STI 4.3 STI 4.3 STI 4.4 STI	by the corportes. Agent signature r LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP LE ME REET ADDRESS		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT(ORS IN 12 Addition Addition	CD2E034 (41,08)
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE	E Registored 13. 1.1 TIT 1.2 NA 1.3 STI 2.4 CI 2.1 TIT 2.2 NA 2.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.2 STI 4.3 STI 4.3 STI 4.4 STI	by the corportes. Agent signature r REET ADDRESS Y-ST-ZIP LE REET ADDRESS IY-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECT(ORS IN 12 Addition Addition	CD0E034 (11/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE DELETE	E: Registered 13. 1.1 TIT 12. NA 1.3 STI 3.2 NA 3.3 STI 4.4 CIT 4.2 NA 4.3 STI 4.4 CIT	by the corportes. Agent signature r REET ADDRESS Y-ST-ZIP LE REET ADDRESS		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	(4) (4) (4) (8)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE DELETE	E: Registered frida Statu E: Registered frida Statu 1.1 TIT 1.2 NA 1.3 STI 2.4 CI TIT 2.2 NA 2.3 STI 3.4 CI TIT 4.2 NA 4.3 STI 4.4 CI TIT 4.5 NA 5.3 STI 5.2 NA 5.3 STI 5.3 STI 5.3 NA 5.3 STI 5.3 STI 5.3 NA 5.3 STI 5.3 NA 5.3 STI 5.3 STI 5.3 NA 5.3 STI 5.3 NA 5.3 STI 5.3 STI 5.3 NA 5.3 STI	by the corportes. Agent signature r REET ADDRESS Y-ST-ZIP LE REET ADDRESS		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	CD3E034 (4) 08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	DELETE DELETE DELETE	E: Registered frida Statu E: Registered frida Statu 1.1 TIT 1.2 NA 1.3 STI 2.4 CT 4.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA 4.3 STI 4.4 CT 5.1 TIT 5.2 NA 5.3 STI 5.4 CT 5.1 TIT 5.2 NA 5.3 STI 5.4 CT 5.5 TIT 5.5 NA 5.5 STI 5.4 CT	by the corportes. Agent signature r REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	CDDE034 (41,00)
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	pplicable. (NOTE TORS DELETE DELETE DELETE	### Registered ### Registered ### 13. 1.1 TM 1.2 NA 1.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.4 CIT 4.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.1 TIT	by the corportes. Agent signature of least address and least address are seen address and least address are seen address and seen address are		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	(41/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of reg OFFIC D SCIANDRA, ALAN G. 1693 DEBBIE LN ORANGE PARK FL D SCIANDRA, PAMELA E. 1693 DEBBIE LN ORANGE PARK FL	ne obligations of, S	DELETE DELETE DELETE	### Registered	by the corportes. Agent signature of least address and least address are seen address and least address are seen address and seen address are		1 reinstating)	tors. I hereby acc	ept the appo	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	(00) 17) 700 000

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 of on an attachment with an address, with all other like empowered.