

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 331595 (9)
1. Corporation Name
SANDELET, INC.



Principal Place of Business: 7027 W BROWARD BLVD, BOX 233, PLANTATION FL 33317
Mailing Address: 7027 W BROWARD BLVD, BOX 233, PLANTATION FL 33317-2208

3. Date Incorporated or Qualified: 06/21/1968
3a. Date of Last Report: 04/04/1996
4. FEI Number: 59-1279862
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

9. Name and Address of Current Registered Agent
SMITH, WILLIAM M.
7027 W. BROWARD BLVD. #233
SUITE 302
PLANTATION FL 33317

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: WILLIAM M. SMITH (typed name) / William M. Smith (signature) 4/22/97 (date)
Signature, typed or printed name of registered agent and date, if applicable (NO! Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	SMITH, TERRANCE D	111 HANA HWY #106	KAHULUI HI	<input type="checkbox"/> DELETE
TITLE	P	SMITH, WILLIAM M.	6731 CYPRESS RD.	PLANTATION FL	<input type="checkbox"/> DELETE
TITLE	S	MEDEIROS, SANDRA	14109 S.W. 70TH ST.	ARCHER FL	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William M. Smith (signature) 4/22/97 (date)

CR2E034 (9/96)