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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 331595 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 06/21/1968

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1279862	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	29
25	30	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, WILLIAM M. 7027 W BROWARD BLVD BOX 233 PLANTATION, FL. ###!&	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TERRANCE D	1.2 NAME	
STREET ADDRESS	111 HANA HIGHWAY #106	1.3 STREET ADDRESS	900002983049
CITY - ST - ZIP	KAHULUI, HI. 96732	1.4 CITY - ST - ZIP	-09/09/99--01082--008
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	*****51.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM M.	2.2 NAME	
STREET ADDRESS	7027 W BROWARD BLVD # 233	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL. 33317	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDEIROS, SANDRA	3.2 NAME	
STREET ADDRESS	14109 S.W. 79 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCHER, FL. 32618	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, EARL	4.2 NAME	
STREET ADDRESS	1424 KENNEDY COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER, CO. 80303	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

CR2E034 (1/98)

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

SIGNATURE: *William M. Smith* 8/20/99 (954) 587-5224
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #