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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762046

1. Corporation Name
SAND DOLLAR II, INC.

Principal Place of Business 8000 HIGHWAY A1A SOUTH ST AUGUSTINE FL 32086	Mailing Address 7990 A1A SOUTH ST. AUGUSTINE FL 32086
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/22/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2362439
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CHAPMAN, CINDY S 7990 A1A S ST AUGUSTINE FL 32086	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Cindy S Chapman **CINDY S CHAPMAN** DATE 4/10/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	BLAIR, ED <input checked="" type="checkbox"/> DELETE	1.1 TITLE P	TOM EICHELBERGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	8000 A1A SOUTH, #501
CITY-ST-ZIP	8000 HIGHWAY A1A SOUTH ST AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE VD	BOBECK, JOHN <input checked="" type="checkbox"/> DELETE	2.1 TITLE T	ROCCO ESPPOSITO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	8000 A1A S UNIT 501	2.3 STREET ADDRESS	8000 A1A SOUTH # 208
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE TD	BYRODE, LENORA <input checked="" type="checkbox"/> DELETE	3.1 TITLE D	JUDITH KRUZEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	6431 JACK WRIGHT IS RD	3.3 STREET ADDRESS	8000 A1A SOUTH # 105
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE S	BROWN, MARJORIE <input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS	17 PIPPINS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	4.4 CITY-ST-ZIP	
TITLE D	VOTAW, CHALRES <input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS	3603 HONEYWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSON CITY IN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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: Thomas M. Eichelberger **SIGNATURE REQUIRED** DATE: 4-10-99 DAYTIME PHONE #: (904) 471-1733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (4/1/99)