

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766934			
1. Corporation Name SAND DOLLAR III, INC.			
Principal Place of Business 8050 SOUTH A1A ST. AUGUSTINE FL 32086		Mailing Address 8050 SOUTH A1A ST. AUGUSTINE FL 32086	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACOBS, PHILIP H 4075 A1A BCH BLVD. STE 100 REAR ST AUGUSTINE FL 32084		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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 _____ DATE _____			
(NOTE: Registered Agent signature required when re-filing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____		1.1 TITLE _____	
NAME _____		1.2 NAME _____	
STREET ADDRESS _____		1.3 STREET ADDRESS _____	
CITY-ST-ZIP _____		1.4 CITY-ST-ZIP _____	
1.1 TITLE _____		1.1 TITLE _____	
1.2 NAME _____		1.2 NAME _____	
1.3 STREET ADDRESS _____		1.3 STREET ADDRESS _____	
1.4 CITY-ST-ZIP _____		1.4 CITY-ST-ZIP _____	
2.1 TITLE _____		2.1 TITLE _____	
2.2 NAME _____		2.2 NAME _____	
2.3 STREET ADDRESS _____		2.3 STREET ADDRESS _____	
2.4 CITY-ST-ZIP _____		2.4 CITY-ST-ZIP _____	
3.1 TITLE _____		3.1 TITLE _____	
3.2 NAME _____		3.2 NAME _____	
3.3 STREET ADDRESS _____		3.3 STREET ADDRESS _____	
3.4 CITY-ST-ZIP _____		3.4 CITY-ST-ZIP _____	
4.1 TITLE _____		4.1 TITLE _____	
4.2 NAME _____		4.2 NAME _____	
4.3 STREET ADDRESS _____		4.3 STREET ADDRESS _____	
4.4 CITY-ST-ZIP _____		4.4 CITY-ST-ZIP _____	
5.1 TITLE _____		5.1 TITLE _____	
5.2 NAME _____		5.2 NAME _____	
5.3 STREET ADDRESS _____		5.3 STREET ADDRESS _____	
5.4 CITY-ST-ZIP _____		5.4 CITY-ST-ZIP _____	
6.1 TITLE _____		6.1 TITLE _____	
6.2 NAME _____		6.2 NAME _____	
6.3 STREET ADDRESS _____		6.3 STREET ADDRESS _____	
6.4 CITY-ST-ZIP _____		6.4 CITY-ST-ZIP _____	
7.1 TITLE _____		7.1 TITLE _____	
7.2 NAME _____		7.2 NAME _____	
7.3 STREET ADDRESS _____		7.3 STREET ADDRESS _____	
7.4 CITY-ST-ZIP _____		7.4 CITY-ST-ZIP _____	
8.1 TITLE _____		8.1 TITLE _____	
8.2 NAME _____		8.2 NAME _____	
8.3 STREET ADDRESS _____		8.3 STREET ADDRESS _____	
8.4 CITY-ST-ZIP _____		8.4 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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)