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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P29208** **(6)**

1. Corporation Name
SUNPOINT SECURITIES, INC.

Principal Place of Business	Mailing Address
911 WEST LOOP 281 SUITE 319 LONGVIEW TX 75604	911 WEST LOOP 281 SUITE 319 LONGVIEW TX 75604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 75-2294508 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, VAN III
12600 SEMINOLE BLVD. STE A
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name: Lewis, Van III
82 Street Address (P.O. Box Number is Not Acceptable): 920 S.W. Bayshore Blvd
83
84 City: Port Saint Lucie FL 85 Zip Code: 34983

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 _____ 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	CEO	☐ DELETE	1.1 TITLE	CEO P	☒ Change ☐ Addition
NAME	LEWIS, VAN III		1.2 NAME	Lewis, Van III	
STREET ADDRESS	12600 A SEMINOLE BLVD		1.3 STREET ADDRESS	920 S.W. Bayshore Blvd	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Port Saint Lucie FL 34983	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	LEWIS, VAN III		2.2 NAME	Lewis, Van III	
STREET ADDRESS	12600 A SEMINOLE BLVD		2.3 STREET ADDRESS	920 S.W. Bayshore Blvd	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Port Saint Lucie FL 34983	
TITLE	P	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SAPAUGH, MARVIN W		3.2 NAME	Sapaugh, Marvin W.	
STREET ADDRESS	315 TEALWOOD DR		3.3 STREET ADDRESS	315 Tealwood Dr	
CITY-ST-ZIP	LONGVIEW TX		3.4 CITY-ST-ZIP	Longview TX	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, WILLIAM M		4.2 NAME		
STREET ADDRESS	3104 M STEEL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KILGORE TX		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, MARY ELLEN		5.2 NAME		
STREET ADDRESS	8 STONEGATE COURT SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGVIEW TX		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHILDERS, DIANNE		6.2 NAME		
STREET ADDRESS	1603 GLENROSE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGVIEW TX 75604		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Dianne B Childers 4-20-98 903-759-3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0517804