

CORPORATION ANNUAL REPORT 1997



Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUN -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058007

1. Corporation Name
SAND DOLLAR ENTERPRISES INC

Principal Place of Business Mailing Address SAME AS principal.
4344 NW 9th AVE #169
Pompano Beach FL 33064

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4344 NW 9th AVE	28	July 25, 1995	July 25, 1995
22 Suite, Apt. #, etc. #169	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State Pompano FL	29 City & State	65-0689481	Not Applicable
24 Zip 33064	25 Country U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 Zip	30 Country	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	<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
	B1 Name William J. Campbell
	B2 Street Address (P.O. Box Number is Not Acceptable) 4344 NW 9th AVE #169
	B3
	B4 City Pompano FL
	B5 Zip Code 33064

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 J. Campbell* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE SECRETARY TREASURER <input checked="" type="checkbox"/> DELETE	NAME RICHARD ARNOLD	1.1 TITLE PRESIDENT/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
STREET ADDRESS 1985 SOUTH OCEAN DR #12	CITY-ST-ZIP HALLANDALE FL 33009	1.2 NAME LAURA CASTRO	Remain SAME AS ORIGINAL
TITLE DIANE DUNDAS <input checked="" type="checkbox"/> DELETE	NAME DIANE DUNDAS	1.3 STREET ADDRESS 4344 NW 9th AVE #169	Registry
STREET ADDRESS 4394 NW 9th AVE	CITY-ST-ZIP Pompano Beach FL 33064	2.1 TITLE	000002208780--3
TITLE	NAME	2.2 NAME	-06/11/97--01070--001
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	*****8.75 *****8.75
TITLE	NAME	2.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	William J. Campbell <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE	NAME	3.2 NAME	4344 NW 9th AVE #169 NON-officer
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	Pompano FL 33064 ADMINISTRATIVE ADVIS
TITLE	NAME	3.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	000002208780--3
TITLE	NAME	4.2 NAME	-06/11/97--01070--002
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	****165.00 ****165.00
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
TITLE	NAME	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 on my oath. 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: *Richard Arnold* / *Diane Dundas* / *Laura Castro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SEC. TREASURER - RICHARD ARNOLD / VICE PRESIDENT - DIANE DUNDAS / 6-1-97
 954-782-1275