

PROFIT CORPORATION ANNUAL REPORT



OFFICIAL ACTION OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 20 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AMENDED 1997

DOCUMENT # P95000058007
 1. Corporation Name
 Sand Dollar Enterprises INC

Principal Place of Business Mailing Address
 4101 North Andrews AVE #102
 Ft. LAUDERDALE, FL 33309

3. Date Incorporated or Qualified July 25, 1995
 3a. Date of Last Report June 9, 1997
 4. FEI Number 65-0637451
 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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 4101 North Andrews AVE 26
 Suite, Apt. #, etc. 27
 #102
 City & State 28
 Ft. LAUDERDALE Florida
 Zip Country 29
 33309 Broward 30

9. Name and Address of Current Registered Agent
 10. Name and Address of New Registered Agent
 81 Name William J. Campbell
 82 Street Address (P.O. Box Number is Not Acceptable) 4344 NW 9th AVE
 83
 84 City Pompano FL 85 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*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)
 DATE 8-18-97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / CEO <input checked="" type="checkbox"/> DELETE
NAME	LAURA CASTRO
STREET ADDRESS	4344 NW 9th AVE #169
CITY-ST-ZIP	POMPANO FL 33064
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS MICHAEL VEITH
1.3 STREET ADDRESS	2618 NE 11th CT #3
1.4 CITY-ST-ZIP	FT. LAUDERDALE 33304
2.1 TITLE	REGISTERED AGENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William J. Campbell
2.3 STREET ADDRESS	4344 NW 9th AVE #169
2.4 CITY-ST-ZIP	POMPANO FL 33064 administrative
3.1 TITLE	Sec. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURA CASTRO
3.3 STREET ADDRESS	4344 NW 9th AVE
3.4 CITY-ST-ZIP	POMPANO FL 33064
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *****70.00 *****70.00

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 under 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: *Thomas Michael Veith* *Laura Castro*
 Signature typed or printed name of signing officer or director
 THOMAS MICHAEL VEITH
 PRESIDENT
 LAURA CASTRO
 Sec. TREASURER
 DATE 8-18-97
 Daytime Phone