


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90024 018 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000075103

1. Corporation Name
SANDSPOINT INVESTMENTS, INC.



| | |
|---|---|
| Principal Place of Business 1474 JORDAN HILLS CT. CLEARWATER FL 33756 | Mailing Address 1474 JORDAN HILLS CT. CLEARWATER FL 33756 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 133 10TH ST E. Suite, Apt. #, etc. | | 2a. Mailing Address 26 133 10TH STE Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/26/1998 | |
| 22 City & State 23 TIERRA VERDE, FL | | 27 City & State 28 TIERRA VERDE, FL | | 4. FEI Number 59-3554607 Applied For <input type="checkbox"/> Not Applicable | |
| 24 33715 25 Pinellas | | 29 33715 30 Pinellas | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 9. Name and Address of Current Registered Agent BRUNSON, JOHN MORGAN ESQ. 1474 JORDAN HILLS CT. CLEARWATER FL 33756 | | | | 6. Election Campaign Financing Trust-Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent BRUNSON, JOHN MORGAN ESQ. 1474 JORDAN HILLS CT. CLEARWATER FL 33756 | | | | 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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLER, JAMES | 1.2 NAME | KELLER, JAMES |
| STREET ADDRESS | 133 10TH ST., EAST | 1.3 STREET ADDRESS | 133 10TH ST. E. |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | 1.4 CITY-ST-ZIP | TIERRA VERDE, FL |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | VP / Sec'y / TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DWYER-KELLER, DEBORAH | 2.2 NAME | DWYER-KELLER, DEBORAH |
| STREET ADDRESS | 133 10TH ST., EAST | 2.3 STREET ADDRESS | 133 10TH ST. E. |
| CITY-ST-ZIP | TIERRA VERDE FL 33715 | 2.4 CITY-ST-ZIP | TIERRA VERDE, FL 33715 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 607, 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: JAMES S. KELLER / James S. Keller 2/13/99 (727) 867-7034
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)