

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721506** (4)  
1. Corporation Name  
**SANDY WAVES, INC.**



Principal Place of Business <b>3600 OCEAN BEACH BLVD COCOA BEACH FL 32831 US</b>	Mailing Address <b>3450 OCEAN BEACH BLVD #706 COCOA BEACH FL 32831 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/11/1971</b>	4. FEI Number <b>59-2261279</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**KELLAR, ROBERT S  
3450 OCEAN BEACH BLVD  
#706  
COCOA BEACH FL 32831**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	<b>MARYANN SMITH 104 W. ALACHUA LN. COCOA BEACH, FL 32931</b>
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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 *Maryann Smith* **2-3-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	KIRKPATRICK, TRUDEE	1.2 NAME
STREET ADDRESS	370 CAPRI ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	COCOA BCH FL 32	1.4 CITY-ST-ZIP
TITLE	STD	2.1 TITLE
NAME	KELLAR, ROBERT S	2.2 NAME
STREET ADDRESS	3450 OCEAN BEACH BLVD #706	2.3 STREET ADDRESS
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	KAREN WORCESTER	3.2 NAME
STREET ADDRESS	355 FAIRLANE DR	3.3 STREET ADDRESS
CITY-ST-ZIP	SPARTANBURG SC	3.4 CITY-ST-ZIP
TITLE	VD	4.1 TITLE
NAME	SMITH, MARYANN	4.2 NAME
STREET ADDRESS	104 W ALACHUA LANE	4.3 STREET ADDRESS
CITY-ST-ZIP	COCOA BCH FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARYANN SMITH	
2.3 STREET ADDRESS	104 W ALACHUA LN.	
2.4 CITY-ST-ZIP	COCOA BCH, FL. 32931	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM DUNWORTH	
3.3 STREET ADDRESS	23 WILLIAM AVE TRUSTY	
3.4 CITY-ST-ZIP	APOPKA, FL. 32712	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARYANN SMITH** *Maryann Smith* **1-27-98 4077839896**

CP2E037 (10/97)