


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90253 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766046					
1. Corporation Name GULF SANDS ASSOCIATION, INC.					
Principal Place of Business % ALAN R. REDMON 433 CASEY KEY RD NOKOMIS FL 34275			Mailing Address % ALAN R. REDMON 433 CASEY KEY RD NOKOMIS FL 34275 US		



4510121-90253-1 2 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		68-2098439	
24 Country		30 Country		Applied For	
				No. Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REDMON, ALAN R. 433 CASEY KEY RD NOKOMIS FL 34275				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 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PTD	<input type="checkbox"/> DELETE					
NAME	REDMON, ALAN R.						
STREET ADDRESS	433 CASEY KEY RD						
CITY-ST-ZIP	NOKOMIS FL						
TITLE	VSD	<input type="checkbox"/> DELETE					
NAME	REDMON, SUSAN L.						
STREET ADDRESS	433 CASEY KEY RD						
CITY-ST-ZIP	NOKOMIS FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	HESSON, ROBERT C.						
STREET ADDRESS	245 N TAMAMI TRL, # A						
CITY-ST-ZIP	VENICE FL						
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 IN 12							
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

4-24-99 9414882272
 Date Daytime Phone #

CR2E037 (11/98)