


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H61851 (2)					
1. Corporation Name SUNPOINT FINANCIAL CORPORATION					
Principal Place of Business 9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311 US			Mailing Address 9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311 US		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2601 10th Ave No Suite, Apt. #, etc.		2a. Mailing Address 26 1201 Third Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/13/1985	
22 City & State 23 Lake Worth, FL		27 WMT1706 City & State		4. FEI Number 59-2529220	
24 33461 Zip		28 Seattle, WA City		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 USA Country		29 98101 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 USA Country		31 FL City		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHROEDER, NORMAN L, II 101 NORTH "J" STREET LAKE WORTH FL 33460				10. Name and Address of New Registered Agent 81 Name Anabel I. Nemrow 82 Street Address (P.O. Box Number is Not Acceptable) 1400 N.W. 17th Avenue 83 Second Floor 84 City Miami 85 Zip Code 33125	

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 Anabel I. Nemrow (NOTE: Registered Agent signature required when reinstating) DATE 9/22/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEUTHER, CARL F.			1.2 NAME	Domingo, Marangal I.		
STREET ADDRESS	9200 OAKDALE AVE			1.3 STREET ADDRESS	1201 Third Ave., #0511		
CITY-ST-ZIP	CHATSWORTH CA			1.4 CITY-ST-ZIP	Seattle, WA 98101		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSON, J. LANCE			2.2 NAME	Kittner, Marc R.		
STREET ADDRESS	9200 OAKDALE AVE			2.3 STREET ADDRESS	1201 Third Ave., #1706		
CITY-ST-ZIP	CHATSWORTH CA			2.4 CITY-ST-ZIP	Seattle, WA 98101		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, STEPHEN F.			3.2 NAME	Longbrake, William A.		
STREET ADDRESS	9200 OAKDALE AVE			3.3 STREET ADDRESS	1201 Third Ave., #1501		
CITY-ST-ZIP	CHATSWORTH CA			3.4 CITY-ST-ZIP	Seattle, WA 98101		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHROEDER, NORMAN L			4.2 NAME	Wisdorf, Douglas G.		
STREET ADDRESS	101 NORTH "J" STREET			4.3 STREET ADDRESS	1201 Third Ave., #1501		
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP	Seattle, WA 98101		
TITLE	AVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARK, MITZIE J H			5.2 NAME			
STREET ADDRESS	9200 OAKDALE AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH CA			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 the 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: [Signature] 12/1/98



Legal Department
1201 Third Avenue
WMT1706
Seattle, Washington 98101

(206) 461-6432
(206) 554-2790 (fax)

December 1, 1998

VIA OVERNIGHT COURIER

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Sunpoint Financial Corporation
Document Number H61851 (2)

Dear Sir/Madam:

Enclosed is a copy of our completed 1998 Profit Corporation Annual Report for the above referenced corporation. Upon the advice of your phone representative, Leslie, we have enclosed check number 315001409 in the amount of \$558.75 for the filing, penalty, and certificate of status fees and we have canceled our original check. We did not receive your notification advising us that our original application and fees were unacceptable (see attached original correspondence).

Please return a conformed copy of the report in the enclosed self-addressed, stamped envelope. If you have any questions or need further information, please feel free to call me at (206) 461-6432. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Linda O'Brien'.

Linda O'Brien
Paralegal

Enclosures