

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J22577 (7)

1. Corporation Name

SANDPIPER NEEDLEWORK, INC.

Principal Place of Business

374 TEQUESTA DRIVE
TEQUESTA FL 33469

Mailing Address

374 TEQUESTA DRIVE
TEQUESTA FL 33469

2. Principal Place of Business

2a. Mailing Address

21 374 TEQUESTA DRIVE

26 374 TEQUESTA DRIVE

22 State: Apt. Bldg.

27 State: Apt. Bldg.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

MOUNT, MARY JO
374 TEQUESTA DR
TEQUESTA FL 33469

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE

Mary Jo Mount
I, *Mary Jo Mount*, Secretary of the Corporation, certify that the above information is true and correct.

Mary Jo Mount
I, *Mary Jo Mount*, Secretary of the Corporation, certify that the above information is true and correct.

Mary Jo Mount
I, *Mary Jo Mount*, Secretary of the Corporation, certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS

1 NAME PD [] Delet

2 ADDRESS MOUNT, MARY JO
374 TEQUESTA DR
TEQUESTA FL

4 CITY STATE ZIP [] Delet

5 NAME [] Delet

6 ADDRESS [] Delet

7 CITY STATE ZIP [] Delet

8 NAME [] Delet

9 ADDRESS [] Delet

10 CITY STATE ZIP [] Delet

11 NAME [] Delet

12 ADDRESS [] Delet

13 CITY STATE ZIP [] Delet

14 NAME [] Delet

15 ADDRESS [] Delet

16 CITY STATE ZIP [] Delet

17 NAME [] Delet

18 ADDRESS [] Delet

19 CITY STATE ZIP [] Delet

20 NAME [] Delet

21 ADDRESS [] Delet

22 CITY STATE ZIP [] Delet

23 NAME [] Delet

24 ADDRESS [] Delet

25 CITY STATE ZIP [] Delet

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME [] Change [] Addition

2 ADDRESS [] Change [] Addition

3 CITY STATE ZIP [] Change [] Addition

4 NAME [] Change [] Addition

5 ADDRESS [] Change [] Addition

6 CITY STATE ZIP [] Change [] Addition

7 NAME [] Change [] Addition

8 ADDRESS [] Change [] Addition

9 CITY STATE ZIP [] Change [] Addition

10 NAME [] Change [] Addition

11 ADDRESS [] Change [] Addition

12 CITY STATE ZIP [] Change [] Addition

13 NAME [] Change [] Addition

14 ADDRESS [] Change [] Addition

15 CITY STATE ZIP [] Change [] Addition

16 NAME [] Change [] Addition

17 ADDRESS [] Change [] Addition

18 CITY STATE ZIP [] Change [] Addition

19 NAME [] Change [] Addition

20 ADDRESS [] Change [] Addition

21 CITY STATE ZIP [] Change [] Addition

22 NAME [] Change [] Addition

23 ADDRESS [] Change [] Addition

24 CITY STATE ZIP [] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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 Blue 4-12 or Blue 4-13 at changed, or by an attachment with an address.

SIGNATURE:

Mary Jo Mount

Mary Jo Mount

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1986

4. FID Number

59-2692274

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 [] Yes [] No

10. Name and Address of New Registered Agent

CR25034 (5/98)