

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am  
 Secretary of State

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1997



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

DOCUMENT # N96000001766 (2)

1. Corporation Name  
 THE SIESTA SAND DOLLARS, INC.



Principal Place of Business Mailing Address  
 3451 QUEENS STREET 3451 QUEENS STREET  
 #618 #618  
 SARASOTA FL 34231 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SunTrust bank Suite, Apt. #, etc. 22 5035 Ocean Blvd City & State 23 Sarasota FL Zip 24 34242	2a. Mailing Address 26 SunTrust Bank Suite, Apt. #, etc. 27 5035 Ocean Blvd City & State 28 Sarasota FL Zip 29 34242	3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report	4. FEI Number 59-3385520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	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

10. Name and Address of New Registered Agent

RILEY, VICTORIA  
 3451 QUEENS STREET  
 #618  
 SARASOTA FL 34231

81 Name SunTrust Bank, Attn Andy Reeves  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5035 Ocean Blvd  
 83  
 84 City Sarasota FL 85 Zip Code 34242

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 617.0504, Florida Statutes.

SIGNATURE ANDY REEVES *Andy Reeves* V.P. SUNTRUST BANK 8/22/97  
 Signature, typed or printed name of registered agent and title if applicable (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, VICTORIA	1.2 NAME	
STREET ADDRESS	3451 QUEENS ST. #618	1.3 STREET ADDRESS	3057 MARKRIDGE ROAD
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOEGELIN, KEN	2.2 NAME	
STREET ADDRESS	7457 CURTISS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, ANDY	3.2 NAME	
STREET ADDRESS	6530 SABAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, DEBRA	4.2 NAME	
STREET ADDRESS	3451 QUEENS STREET #712	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	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 do 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: *Andy Reeves* V.P. SUNTRUST BANK 8/22/97

CR2E037 (4/97)