

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29208 (6)**

1. Corporation Name
SUNPOINT SECURITIES, INC.



Principal Place of Business: **911 WEST LOOP 281 SUITE 319 LONGVIEW TX 75604**
Mailing Address: **911 WEST LOOP 281 SUITE 319 LONGVIEW TX 75604**

3. Date Incorporated or Qualified: **05/04/1990**
3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **75-2294508**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**LEWIS, VAN III
12600 SEMINOLE BLVD. STE A
LARGO FL 34648**

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: **FL**

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: *Van III Lewis* **CEO** DATE: **2-16-96**

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	LEWIS, VAN III	
STREET ADDRESS	12600 A SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, VAN III	
STREET ADDRESS	12600 A SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	SAPAUGH, MARVIN W	
STREET ADDRESS	315 TEALWOOD DR	
CITY-ST-ZIP	LONGVIEW TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERRY, WILLIAM M	
STREET ADDRESS	3104 M STEEL RD	
CITY-ST-ZIP	KILSORE TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILDER, MARY ELLEN	
STREET ADDRESS	8 STONEGATE COURT SOUTH	
CITY-ST-ZIP	LONGVIEW TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" 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	President	<input checked="" 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	V.P. Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dianne Childers	
6.3 STREET ADDRESS	1603 Glenrose	
6.4 CITY-ST-ZIP	LONGVIEW TX 75604	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *William Perry* DATE: **2-16-96** TELEPHONE: **903-759-3530**

CR2E034 (12/95)