

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 75604-2804
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3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 02/20/1996
4. FEI Number 75-2294508	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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 **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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<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	P	<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	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHILDERS, DIANNE	
STREET ADDRESS	1803 GLENROSE	
CITY- ST- ZIP	LONGVIEW TX 75604	

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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **2-6-97 903-759-3530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)