

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999-2000

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 011 ***150.00

DOCUMENT # P96000002143

1. Corporation Name

SANDOLPH INVESTMENTS AND RETIREMENT SERVICES, IN
C.



Principal Place of Business

Mailing Address

WILLIAM SCOTT FOSTER
MAR WALT DR., SUITE 1014
FORT WALTON BEACH FL 32547

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR., SUITE 1014
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

Principal Place of Business

2a. Mailing Address

348 MIRACLE STRIP PKWY
SUITE 39
FT WALTON BEACH FL
32514 U.S.A

348 MIRACLE STRIP PKWY
SUITE 39
FT WALTON BEACH FL
32548 U.S.A

4. FEI Number

59-3358468

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name RICHARD SCHOPPMANN
82 Street Address (P.O. Box Number is Not Applicable)
348 SW MIRACLE STRIP PKWY
83 SUITE 39
84 City FT WALTON BEACH FL 85 Zip Code 32548

I, 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

4-28-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS	
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE

Richard Schoppmann

4-28-00 244 9461

4-30-99 244 9461