

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000027013 (7)			
1. Corporation Name SANDY BEACH SALES, INC.			
Principal Place of Business 214 PINE NEEDLE DR BRADENTON FL 34210 2460 Brentwood Dr. Clearwater, FL 34624		Mailing Address 214 PINE NEEDLE DR BRADENTON FL 34210-4020 2460 Brentwood Dr. Clearwater, FL 34624	
2. Principal Place of Business 21 2460 Brentwood Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 2460 Brentwood Dr. Suite, Apt. #, etc.	
22 City & State 23 Clearwater FL		27 City & State 28 Clearwater, FL	
24 34624 25 USA		29 34624 30 USA	
9. Name and Address of Current Registered Agent JOHNSON, DAVID P 2201 RINGLING BLVD SUITE 104 SARASOTA FL 34237			
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 <u>Todd Combs</u> DATE <u>4/28/97</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
6.1 TITLE 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 if changed, or on an attachment with an address.			
SIGNATURE: <u>Todd Combs</u> DATE: <u>4/28/97</u>			



CR2E034 (9/96)