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Jun 19 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 # P96000030349 (0)

1. Corporation Name

SAND DOLLAR THERAPY OF OKALOOSA COUNTY, INC.

Principal Place of Business

13 W CASA LOMA DR
MARY ESTER FL 32569

Mailing Address

13 W CASA LOMA DR
MARY ESTER FL 32569-1408



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FET Number		Applied For	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KESSLER, SIEGFRIED F
102 BAYSHORE DR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name Virginia C LEE
82 Street Address (P.O. Box Number is Not Acceptable)
13 W. Casa Loma Dr
83 Mary Esther
84 City Mary Esther FL 85 Zip Code 32569

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

Virginia C Lee Virginia C Lee

4-30-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kessler, Siegfried F	1.2 NAME	Virginia C LEE
STREET ADDRESS	102 Bayshore Dr.	1.3 STREET ADDRESS	13 W Casa Loma Dr
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia C LEE	2.2 NAME	Virginia C LEE
STREET ADDRESS		2.3 STREET ADDRESS	13 W. Casa Loma Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Virginia C Lee Virginia C Lee 4-30-97 (960) 178-7000

CR2E034 (9/96)