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
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 75-2294508 — 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 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 — 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: Van III CEO — 2-16-96
Signature (typed or printed) of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	U.P. Operations	☐ Change ☒ 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 — 2-16-96 — 903-759-3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)