FILED Feb 06, 2004 8:00 am Secretary of State

2004	NOT-FOR-PROFIT CORPORATION
₹ [′]	ANNUAL REPORT

1. Entity Narr	MEN I # /4/2/2	SAN I		030 011 ****6					
Principal Place of Business 215 GRAND BLVD. DESTIN, FL 32550 US		Mailing Address 215 GRAND BLVD. DESTIN, FL 32550 US							
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222004 C	hg-NP CI	R2E037 (10/03)			
City & State		City & State		4. FEI Number 59-175094	4. FEI Number Applied Fo 59-1750941 Not Applie				
Zip	Country	Zip Country			5. Certificate of Status Desired See Required				
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Add	7. Name and Address of New Registered Agent				
BELL, DAV 215 GRAN DESTIN, F	ID BLVD.		(P.O. Box Number is Not Acceptable)						
				15 GRAND BLVD					
	$\longrightarrow A$		City	RAMAK	BCH	FL Zip Code	550		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tate (agence). (NOTE: Registered Agent signature required when renstating)									
	Signature, typed or printed name of registered ages	in mind this purpose in the control of the control	Hegrstered Agent significate re	dated with Lenerarial)	1	LIAIE			
	Filing Fee is \$61.25 Due by May 1, 2004	\$5.00 May Be Added to Fees	l	check payable to Department of St					
TITLE	OFFICERS AND D		TITLE	ADDITIONS/CHANG	1	Change	10 Addition		
NAME	MCGILL, JACK	Detete	NAME V	valte, Robi	ert	□ crigitigs	Modificat		
STREET ADORESS CITY-ST-ZIP	501 MAGNOLIA PLACE DESTIN, FL 32541		STREET ADDRESS C	1974 Lake	WOOD DK!! エル 46	· あつフ			
TITLE	STD	Defeta	TITLE <u><</u>	T)		Change	Addition		
NAME STREET ADDRESS	FINLAY, JEAN 504 MAGNOLIA PLACE		NAME STREET ADORESS						
CITY-ST-ZIP	DESTIN, FL 32541	·	CITY-ST-ZIP		· <u>-</u>				
TITLE NAMÉ	VPD RICHARD, ANDREA	☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS	503 MAGNOLIA PLACE		STREET ADORESS						
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP			Change	Addition		
NAME		LI Delete	NAME			☐ custide			
STREET ADORESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP				ļ		
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change	Addition		
NAME Street Address			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition		
STREET ADORESS	,		STREET ADDRESS						
CITY-ST-ZIP	certify that the information sunnited wi	th this filling does not qualify for	CITY-ST-ZIP	n Section 119 07(3\(ii) F	lorida Statutes I furti	her certify that the in	formation		
12. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: BIGNATURE: BIGNATURE OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DELCTOR									