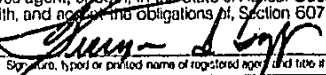
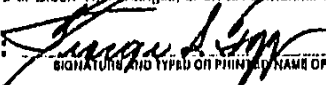


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 95 APR 27 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # J08112 (1) 1. Corporation Name SHELL POINT RESORT, INC.					
Principal Place of Business 1020 E. LAFAYETTE STREET #110 P.O. BOX 592 TALLAHASSEE FL 32302		Mailing Address 1020 E. LAFAYETTE STREET #110 P.O. BOX 592 TALLAHASSEE FL 32302		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/08/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/01/1994	
City & State 23		City & State 28		4. FEI Number 59-2655134	
Zip 24		Country 25		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	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent TAFF, GEORGE S. 2912 THOMASVILLE ROAD TALLAHASSEE FL 32302				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.				DATE 2-17-95	
SIGNATURE  GEORGE S. TAFF				DATE 2-17-95	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PCD TAFF, GEORGE S. 2912 THOMASVILLE ROAD TALLAHASSEE FL				1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PCD TAFF, GEORGE S. 120 BEATY TAFF DRIVE CRAWFORDVILLE, FL 32327	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VD MOODY, FLORENCE T. 1909 ATAPHA NENE TALLAHASSEE FL				2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP STD MCNEFF, MARY HELEN 3210 DUNGARVIN TALLAHASSEE FL				3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP AST TAFF, BETTY 2912 THOMASVILLE ROAD TALLAHASSEE FL				4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP AST TAFF, BETTY 120 BEATY TAFF DRIVE CRAWFORDVILLE, FL 32327	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP				5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP				6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	
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 110.07(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  GEORGE S. TAFF 2-17-95 904-656-3600	