

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 3-19-96

B- 2410 (7) C

DOCUMENT # M67673

1. Corporation Name
SURFSIDE LODGE, INC.



Principal Place of Business: 69 OAKWOOD ROAD JACKSONVILLE BEACH FL 32250
Mailing Address: 87 TALLWOOD ROAD JACKSONVILLE BEACH FL 32250 US

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-2886717
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

2. Principal Place of Business: 21 917 North Oceanfront 22 Jacksonville Beach, Florida 23 32250 24 Duval
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Jacksonville Beach, Florida 29 Duval 30

9. Name and Address of Current Registered Agent: NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIECHMANN, KEITH	1.2 NAME	
STREET ADDRESS	69 OAKWOOD RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SCOTT	2.2 NAME	
STREET ADDRESS	69 OAKWOOD RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JIM	3.2 NAME	
STREET ADDRESS	69 OAKWOOD RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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: Keith Riechmann Date: 2/15/96 Daytime Phone #: 904 724-1375

CR2E034 (12/95)