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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

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99 MAR 18 PM 3:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M67673

1. Corporation Name SURFSIDE LODGE, INC.

Principal Place of Business

917 NORTH OCEAN FRONT JACKSONVILLE BEACH FL 32250 US

Mailing Address

87 TALLWOOD ROAD JACKSONVILLE BEACH FL 32250 US

2. Principal Place of Business

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

2a. Mailing Address

26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233

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

Signature, typed or printed name of registered agent and title, if applicable.

(If title Registered Agent is not applicable, please check box.)

(Date)

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VTD RIECHMANN, KEITH; PD BAKER, SCOTT; VSD HUGHES, JIM.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP. Includes handwritten entry: 500002823146-9 -03/30/99-01030-018 ***150.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99 904-724-1375