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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09468 (2)
 1. Corporation Name
PLAYERS CLUB ON THE BAY, INC.



Principal Place of Business 10221 HWY 98 W 6 DESTIN FL 32541 US	Mailing Address PO BOX 6225 DESTIN FL 32541 US
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3. Date Incorporated or Qualified 05/28/1985	
4. FEI Number 59-2543489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 23 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip 30 Country
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9. Name and Address of Current Registered Agent
GELDER, RALPH H
10221 HWY 98 W
6
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **SUITE 23**
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, CARL		1.2 NAME HALL, CARL	
STREET ADDRESS 20 PLAYERS CLUB -SANDESTIN		1.3 STREET ADDRESS 20 PLAYERS CLUB-SANDESTIN	
CITY-ST-ZIP DESTIN FL		1.4 CITY-ST-ZIP DESTIN, FL	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LA MARCHE, JUDY		2.2 NAME LAMARCHE, JUDY	
STREET ADDRESS 3304 TARTON CR		2.3 STREET ADDRESS 3304 TARTON CIRCLE	
CITY-ST-ZIP BIRMINGHAM AL		2.4 CITY-ST-ZIP BIRMINGHAM, AL	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGLUND, PAUL		3.2 NAME HAGLUND, PAUL	
STREET ADDRESS 26 PLAYERS CLUB		3.3 STREET ADDRESS 26 PLAYERS CLUB	
CITY-ST-ZIP DESTIN FL		3.4 CITY-ST-ZIP DESTIN, FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SISTRUNK, JACK J		4.2 NAME	
STREET ADDRESS 4925 GREENVILLE AVENUE, SUITE 815		4.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUPPERT, KENNETH SR		5.2 NAME	
STREET ADDRESS 300 TROON ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP PADUCAH KY 42001		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MCCALLISTER, RAY	
STREET ADDRESS		6.3 STREET ADDRESS P.O. BOX 12705	N/A
CITY-ST-ZIP		6.4 CITY-ST-ZIP TALLAHASSEE, FL 32317	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl Hall* *Jan 21/98* *0502677020*

CR2E037 (10/97)