SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 OCT 27 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004110 (2)

1. Corporation Name
SCENIC 98 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~30 SOUTH SHORE DRIVE~~ ~~DESTIN FL 32541~~ ~~US~~ note change	~~30 SOUTH SHORE DRIVE~~ ~~DESTIN FL 32541~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994	3a. Date of Last Report: 02/02/1996
4. FEI Number: 59-3280216	☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 9735 W. Emerald Coast Pkwy	26 same
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27
City & State 23 Destin FL	City & State 28
Zip 24 32541	Country 25 US
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BARTH, JAMES C
30 SOUTH SHORE DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Keith Howard
82 Street Address (P.O. Box Number is Not Acceptable): 9735 W. Emerald Coast Pkwy
83 Suite 5 100002838801--5
84 City: Destin -10/29/97-01 FL Zip Code: 32541

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: Keith Howard, President Sept. 11 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	Keith Howard, President	☑ Change ☐ Addition
NAME	GARDNER, J. RANDY		1.2 NAME		
STREET ADDRESS	5374 HIGHWAY 98, EAST		1.3 STREET ADDRESS	9735 W. Emerald Coast Pkwy #5	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	Destin FL 32541	
TITLE	VP	☒ DELETE	2.1 TITLE	Treasurer/Secretary	☐ Change ☑ Addition
NAME	DUKE, KIM		2.2 NAME	Jim Rester	
STREET ADDRESS	9375 HIGHWAY 98, WEST		2.3 STREET ADDRESS	E. Hwy 98, Sandestin	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	Destin FL 32541	
TITLE	T	☒ DELETE	3.1 TITLE	P	☐ Change ☑ Addition
NAME	BARTH, JAMES C		3.2 NAME	Jack McGill	
STREET ADDRESS	400 SOUTH SHORES DRIVE		3.3 STREET ADDRESS	501 Magnolia	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	Destin FL 32541	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	HOWARD, KEITH		4.2 NAME	Judith Williams	
STREET ADDRESS	5021 HIGHWAY 98, EAST		4.3 STREET ADDRESS	960 North Shore Dr.	
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP	Destin FL 32541	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	Carey McWhorter	
STREET ADDRESS			5.3 STREET ADDRESS	30 Gardenia	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Seagrove Beach FL	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Crawford Sandefur	
STREET ADDRESS			6.3 STREET ADDRESS	259 Twisted Pine Trail	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Santa Rosa Beach FL 32459	

CR2E037 (4/97)

14. I do 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: SIGNATURE REQUIRED Keith Howard 9-11-97 837-1886