


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 187378 (5)
1. Corporation Name
ALFORD RESORTS, INC.

Principal Place of Business ALFORD, TED 11619 FRONT BEACH PINE MOUNTAIN GA 31822 US	Mailing Address HOPEWELL CHURCH RD P O BOX 1145 PINE MOUNTAIN GA 31822
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1955	3a. Date of Last Report 01/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0751561 25-5165409	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent ALFORD, TED 11619 FRONT BEACH SUITE 102 PANAMA CITY BEACH FL 32407		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TED L	1.2 NAME	
STREET ADDRESS	11619 FRONT BEACH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	MCDANIEL, SARA A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, SARA	2.2 NAME	
STREET ADDRESS	6228 KAREN CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	PICKLE, LINDA (A) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKLE, LINDA LOU	3.2 NAME	(SPELLING)
STREET ADDRESS	1077 PRINCTON WALK	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	ESTES, DIANNE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, DEANE	4.2 NAME	(SPELLING)
STREET ADDRESS	2034 COUNTRY CLUB RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	ALFORD, LINDA M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, LINDA M.	5.2 NAME	(SPELLING)
STREET ADDRESS	11619 FRONT BEACH RD., #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  TED L. ALFORD 8-20-97

CR2E034 (4/97)