FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 384583

(1)

PENSACOLA BEACH REALTY, INC.

FILED Apr 23 1997 8:00am Secretary of State



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649 PENSACOLA BEACH BLVD. PENSACOLA BEACH FL 32561		649 PENSACOLA BEACH BLVD. PENSACOLA BEACH FL 32561-2027												
								3. Date Incorporated or Qualified						
2. Principal Place of	Business	28.	Mailing Address					4. FEI	Number		·	1	App	olied For
21		26						59	-1423207					Applicable
Suite, Apt. #, efc.		27	Suite, Apt. #, etc.					5. Cert	ificate of Statu	s Desired			. 75 A ee Red	dditional quired
City & State	11. MATACLE MA		City & State	.,,,,,,,,,,				1	tion Campaign	-				May Be
23 Žip	Country	28	Zip		untry				t Fund Contrib					Fees
24	25	29	2. 1/2	30	24, 44. 9			1	corporation had Statutes		Yes [Iax un	uer s.	199.032,
9, 1	Name and Address of Curre	nt Regis	stered Agent		\prod			10. Nan	ne and Addre	s of New Re	glatered A	gent		
BORES, C					61	١	lame	•						
204 SABIN PENSACO					treet Addres	iress (P.O. Box Number is Not Acceptable)								
PENSAGO	ILA DEMOTTTE GEODT				83	✝								
					84	7	ity	,,,,-			FL	85	Zip C	ode
	provisions of Sections 607.050 and agent, or both, in the State liar with, and accept the oblig	W	07.4500 Fig. 14- Di-		$oxed{oxed}$							11	ulin in lite	internal
SIGNATURE Sipoatin	e, tysed or printed name of registroad ag	on; and ble	il applicable (I	NOTE Register	ed Age		ignature required	d when reinst			DATE			
12. Thue PS	OFFICERS AN	D DRG.	DELETE	13.	TITLE		······1	AUUI	HONS/CHANC	IES TO OFFIC	ENS AND	Ch		Addition
	RES, CAROL F.		[] DELLIE		NAME								anyo	C Audillon
	SABINE DRIVE				STREET	I ADI	DRESS							
	ISACOLA, FL 0			I	CITY-S									
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NAME				2.2	NAME									
STREET ADDRESS					STREET									
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I do hereby cc1 ly 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR