

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90003 034 \*\*\*150.00

DOCUMENT # 537599

1. Corporation Name

SUN & SURF MOTEL, INC.

Principal Place of Business  
726 NORTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118-3805

Mailing Address  
726 NORTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118-3805



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |   |  |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                  |  | 06/21/1977  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |  | 27                  |  | 59-1784320  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |  |
| Zip                            |  | Country             |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24                             |  | 25                  |  | 29  |  |
| 25                             |  | 29                  |  | 30  |  |

9. Name and Address of Current Registered Agent

TUMBLESON, J D ESO  
105A S PALMETTO AVE  
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | P                           | <input type="checkbox"/> DELETE |
| NAME           | MILLER, BARBARA L.          |                                 |
| STREET ADDRESS | 115 FLAGSTONE DR            |                                 |
| CITY-ST-ZIP    | DAYTONA BCH, FL 00000 32118 |                                 |
| TITLE          | S                           | <input type="checkbox"/> DELETE |
| NAME           | MILLER, BARBARA L           |                                 |
| STREET ADDRESS | 1115 FLAGSTONE DR           |                                 |
| CITY-ST-ZIP    | DAYTONA BCH, FL 00000       |                                 |
| TITLE          | VD                          | <input type="checkbox"/> DELETE |
| NAME           | WILSON, SANDRA C            |                                 |
| STREET ADDRESS | 333 RIDGEWOOD #11           |                                 |
| CITY-ST-ZIP    | PORT ORANGE FL              |                                 |
| TITLE          | TD                          | <input type="checkbox"/> DELETE |
| NAME           | LUND, DEANNA M.             |                                 |
| STREET ADDRESS | 1948 BENECIA AVE            |                                 |
| CITY-ST-ZIP    | LOS ANGELES CA              |                                 |
| TITLE          | ATD                         | <input type="checkbox"/> DELETE |
| NAME           | MILLER, BARBARA L           |                                 |
| STREET ADDRESS | 1115 FLAGSTONE DR           |                                 |
| CITY-ST-ZIP    | DAYTONA BCH, FL 00000       |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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 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: Barbara L Miller REQUIRED BARBARA L MILLER 3/13/99 (904) 255-155-3  
3/17/99: JFW: EIS: u  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)