


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752919** (1)

1. Corporation Name

PINNACLE PORT RENTAL ASSOCIATION, INC.



Principal Place of Business 23223 FRONT BCH RD PANAMA CITY BEACH FL 32413 US	Mailing Address 23223 FRONT BCH RD PANAMA CITY BEACH FL 32413-1008 US
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3. Date Incorporated or Qualified 06/12/1980	3a. Date of Last Report 05/16/1996
4. FEI Number 59-2008088	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**SMITH, CAROL D
409 BETH STREET
PANAMA CITY BEACH FL 32408**

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 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, GEORGE	1.2 NAME	
STREET ADDRESS	23223 FRONT BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CAROL D	2.2 NAME	HENDERSON, ANN
STREET ADDRESS	23223 FRONT BEACH ROAD	2.3 STREET ADDRESS	23223 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL	2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, JUNE	3.2 NAME	
STREET ADDRESS	23223 FRONT BEACH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ELAINE	4.2 NAME	
STREET ADDRESS	23223 FRONT BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, DONALD	5.2 NAME	
STREET ADDRESS	23223 FRONT BEACH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOWN, FRANK	6.2 NAME	DIRECTOR
STREET ADDRESS	23223 FRONT BEACH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

Daytime Phone # 6009649

CR2E037 (9/96)