

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760013 (3)

1. Corporation Name
PASS-A-GRILLE BEACH MOTEL, INC.



Principal Place of Business: 709 GULF WAY, P.O. BOX 46834, PASS-A-GRILLE FL 33706
Mailing Address: 709 GULF WAY, P.O. BOX 46834, PASS-A-GRILLE FL 33706

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2168010
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**BRUDNY, MICHAEL J.
ONE URBAN CENTER, SUITE 750
4830 WEST KENNEDY BLVD
TAMPA 33609**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | | |
|----------------|----|-------------------------|--|
| TITLE | PD | DI BARTOLO, EUGENE N. | <input checked="" type="checkbox"/> DELETE |
| NAME | | 7507 OAKVISTA CIRCLE | |
| STREET ADDRESS | | TAMPA FL | |
| CITY-ST-ZIP | | | |
| TITLE | VD | DION, AL | <input type="checkbox"/> DELETE |
| NAME | | 15701 SPRING MOSS LANE | |
| STREET ADDRESS | | TAMPA FL | |
| CITY-ST-ZIP | | | |
| TITLE | SD | CUSHMAN, BRENDA | <input checked="" type="checkbox"/> DELETE |
| NAME | | 709 GULF WAY #29 | |
| STREET ADDRESS | | ST PETERSBURG BOH FL | |
| CITY-ST-ZIP | | | |
| TITLE | TD | HUDSON, ALICE | <input checked="" type="checkbox"/> DELETE |
| NAME | | 709 GULF WAY #7 | |
| STREET ADDRESS | | ST. PETERSBURG BEACH FL | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Crump, Jack S. | |
| 1.3 STREET ADDRESS | 4010 Priory Circle | |
| 1.4 CITY-ST-ZIP | Tampa FL 33624 | |
| 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 | currently vacant | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Sandi Gallagher | |
| 4.3 STREET ADDRESS | 709 Gulf Way, #18 | |
| 4.4 CITY-ST-ZIP | St. Petersburg Beach, FL 33706 | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 3/21/96 DAYTIME PHONE #: 813 961 5739

CR2E037 (12/95)