

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33706-4352
--	---

3. Date Incorporated or Qualified 09/11/1981	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2168010	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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address 709 GULF WAY	27. Suite, Apt. #, etc.
22. City & State	28. City & State ST PETERSBURG BEACH, FL	29. Zip 33706-4352
23. Zip 33706	24. Country USA	30. Zip 33706

9. Name and Address of Current Registered Agent

**BRUDNY, MICHAEL J.
ONE URBAN CENTER, SUITE 750 985
4830 WEST KENNEDY BLVD
TAMPA 33609**

10. Name and Address of New Registered Agent

81 Name BRUDNY, MICHAEL J.
82 Street Address (P.O. Box Number is Not Acceptable) ONE URBAN CENTER, SUITE 985
83 4830 WEST KENNEDY BLVD.
84 City TAMPA
85 Zip Code FL 33609

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	<input checked="" type="checkbox"/> DELETE
NAME CRUMP, JACK S.	
STREET ADDRESS 4010 PRIORY CIRCLE	
CITY-ST-ZIP TAMPA FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME DION, AL	
STREET ADDRESS 15701 SPRING MOSS LANE	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME GALLAGHER, SANDI	
STREET ADDRESS 709 GULF WAY, #18	
CITY-ST-ZIP ST. PETERSBURG BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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 EUGENE N. Di BARTOLO	
1.3 STREET ADDRESS 7507 OAKVISTA CIRCLE	
1.4 CITY-ST-ZIP TAMPA FL 33634-2941	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOHN NICKLY	
2.3 STREET ADDRESS 13941 W. HAYNES	
2.4 CITY-ST-ZIP DOVER FL 33527	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MARYDELLE SHERWOOD	
3.3 STREET ADDRESS 709 GULF WAY # 22	
3.4 CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME PEGGY CRUMP	
4.3 STREET ADDRESS 4010 PRIORY CIR.	
4.4 CITY-ST-ZIP TAMPA FL 33624	
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 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 executor 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: **EUGENE N. Di BARTOLO** 1-22-97 (813) 885-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0050164

CR2E037 (9/96)