


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


0006857

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 23 PM 12:29

SECRETARY OF STATE
STATE OF FLORIDA



DOCUMENT # 760013 (3)

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

Principal Place of Business 709 GULF WAY P.O. BOX 46634 PASS-A-GRILLE FL 33706	Mailing Address 709 GULF WAY ST PETERSBURG BEACH FL 33706-352 US
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3. Date Incorporated or Qualified 09/11/1981	4. FEI Number 59-2168010	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BRUDNY, MICHAEL J.
ONE URBAN CENTER STE 985
4830 WEST KENNEDY BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 type="checkbox"/> DELETE
NAME	DI BARTOLO, EUGENE N	
STREET ADDRESS	7507 OAKVISTA CIRCLE	
CITY-ST-ZIP	TAMPA FL 41	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NICELY, JOHN	
STREET ADDRESS	13941 W HAYNES	
CITY-ST-ZIP	DOVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHERWOOD, MARYDELLE	
STREET ADDRESS	109 GULF WAY STE 22	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRUMP, PEGGY	
STREET ADDRESS	4010 PRIORY CIRCLE	
CITY-ST-ZIP	TAMPA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002674940--8
1.4 CITY-ST-ZIP	-10/28/98-01086-021
2.1 TITLE	VD
2.2 NAME	Rose O'Toole
2.3 STREET ADDRESS	806 - Oak Park Place
2.4 CITY-ST-ZIP	Brandon FL 33511
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	SD
4.2 NAME	Brenda Storgaard
4.3 STREET ADDRESS	6762 E County Rd 7500
4.4 CITY-ST-ZIP	Mooreville MS 38558
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 9/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)