

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F33143** (1)
1. Corporation Name
REGENCY CABANAS, INC.



Principal Place of Business 3326-4 LAKESHORE BLVD JACKSONVILLE FL 32210 US	Mailing Address P.O. BOX 52852 50 N. LAURA ST. STE 2800 JACKSONVILLE FL 32201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Independent Dr. Suite, Apt. #, etc. 22 2210 City & State 23 Jacksonville, FL 32202 Zip 24 32202 Country 25 US	2a. Mailing Address 26 P.O. Box 52852 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 32201-282 Zip 29 32201-282 Country 30 US	3. Date Incorporated or Qualified 05/01/1981	4. FEI Number 59-2089376 Applied For 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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent

**SURFACE, J FRANK
50 NO LAURA STR
STE 2800
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	One Independent Drive Ste 2210		Jacksonville	FL 32202

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURFACE, J FRANK	1.2 NAME	
STREET ADDRESS	3326-4 LAKESHORE DR	1.3 STREET ADDRESS	One Independent Drive Suite 2210
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYLOR, LARRY E	2.2 NAME	
STREET ADDRESS	11147 ZEPHYR WAY	2.3 STREET ADDRESS	2815 Madrid Ave
CITY-ST-ZIP	MANDARIN, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETWAY III, THOMAS F	3.2 NAME	
STREET ADDRESS	2727 ATLANTIC BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

[Signature]

3/12/98

CR2004 (10/97)