


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mori Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F53570 (0) 1. Corporation Name PESCADOR, III, INC.					
Principal Place of Business 320 SUMMIT DR. P O BOX 221 DESTIN FL 32541			Mailing Address 320 SUMMIT DR. P O BOX 221 DESTIN FL 32541-2330		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/13/1981 3a. Date of Last Report 06/14/1996 4. FEI Number 64-0656336 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	
9. Name and Address of Current Registered Agent ARNOLD, JACKIE 320 SUMMIT DRIVE DETIN FL 32541			10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 11 TITLE <input type="checkbox"/> DELETE NAME DPS STREET ADDRESS ARNOLD, JACKIE CITY- ST- ZIP 320 SUMMIT DR. DESTIN FL 12 NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY- ST- ZIP 13 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 14 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 15 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY- ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY- ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY- ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY- ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY- ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY- 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 correct 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Jackie Arnold</i> 5/1/97 904857-7732 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)