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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J01345 (4)
1. Corporation Name
ST. AUGUSTINE AUTHENTIC ATTRACTIONS, INC.



Principal Place of Business
167 SAN MARCO AVENUE
ST.AUGUSTINE FL 32084

Mailing Address
167 SAN MARCO AVENUE
ST.AUGUSTINE FL 32084-3269

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1986		3a. Date of Last Report 07/03/1996	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-2661112		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

BAYER, MELVIN R.
167 SAN MARCO AVE.
ST.AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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

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 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BAYER, MALVIN R.	1.2 NAME	
STREET ADDRESS	167 SAN MARCO AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST.AUGUSTINE FL 32084	1.4 CITY-STATE-ZIP	
2.1 TITLE		2.1 TITLE	☐ Change ☐ Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3.1 TITLE		3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

Section 12: Incorrect spelling
s/b Melvin
(Malvin is incorrect)

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 a duly elected officer 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 or changed, or on an attachment with an address.

Myrna L. Bayer

SIGNATURE: *Myrna L. Bayer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-97 (904) 829-3800
Date Display Phone

0016685

CR2E034 (9/96)