

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

FILED
May 18 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 # L18884 (1)
1. Corporation Name
SELECT SITES OF DESTIN, INC.



Principal Place of Business 3685 S BAYSHORE DR SUITE M-103 MIAMI FL 33133	Mailing Address 3685 S BAYSHORE DR SUITE M-103 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3225 AVIATION AVE Suite, Apt. #, etc. 22 SUITE 700 City & State 23 COCONUT GROVE FL 24 33133 25 USA		2a. Mailing Address 26 3225 Aviation Ave Suite, Apt. #, etc. 27 SUITE 700 City & State 28 COCONUT GROVE, FL 29 33133 30 USA		3. Date Incorporated or Qualified 09/25/1989	
		4. FEI Number 65-0154761		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DIXON, ROBERT 2685 S BAYSHORE DR THE GRAND BAY PLAZA, SUITE M-103 MIAMI FL 33133				10. Name and Address of New Registered Agent 81 Name IRWIN S. GARS 82 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE 83 SUITE 700 84 City COCONUT GROVE FL 85 Zip Code 33133			
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11. Pursuant to the provisions of Sections 607.0702 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]* DATE 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D. P. GARS, Irwin S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARS, IRWIN S.			1.2 NAME			
STREET ADDRESS	2685 S BAYSHORE DR			3 STREET ADDRESS	3225 AVIATION AVE STE 700		
CITY-ST-ZIP	COCONUT GROVE FL			1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133		
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENARD, HOWARD B.			2.2 NAME	Lenard, Howard B		
STREET ADDRESS	2685 S BAYSHORE DR			2.3 STREET ADDRESS	3225 Aviation Ave, 7th Floor		
CITY-ST-ZIP	COCONUT GROVE FL			2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWARD, KEITH			3.2 NAME	MICHAEL A. SHAPIRO		
STREET ADDRESS	5808 HWY 98 E			3.3 STREET ADDRESS	3225 AVIATION AVE. STE 700		
CITY-ST-ZIP	DESTIN FL			3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 on an attachment with an address.

SIGNATURE *[Signature]* DATE 3-6-98

CR2E034 (10/97)