

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90140 020 ****61.25

DOCUMENT # N23649

1. Corporation Name

PIRATES COVE INLET II, INC.

Principal Place of Business
~~323 CAIN RD~~ 203 CAIN Rd
PANAMA CITY BEACH FL 32413

Mailing Address
~~323 CAIN RD~~ see below
PANAMA CITY BEACH FL 32413



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 203 CAIN Rd		11/30/1987	
22 City & State		27 Panama City, FL		4. FEI Number	
23 Zip		28 32413		59-2959509	
24 Country		29 Bay		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RUEHMANN, DOROTHEA 203 CAIN ROAD PANAMA CITY FL 32413				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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	GAYLOR, BARBARA	1.2 NAME	
STREET ADDRESS	508 DONNA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	GAYLOR, BOBBY	2.2 NAME	
STREET ADDRESS	508 DONNA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	RUEHMANN, DOROTHEA	3.2 NAME	
STREET ADDRESS	203 CAIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)