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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30151					
1. Corporation Name MARDI GRAS PENSACOLA, INC.					
Principal Place of Business 6813 WHITEOAK DRIVE PENSACOLA FL 32503 US			Mailing Address PO BOX 8219 PENSACOLA FL 32506 US		



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 01/04/1989	
4. FEI Number 59-2937296		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		9. Name and Address of Current Registered Agent MCDONALD, DAVID M 6813 WHITEOAK DRIVE PENSACOLA FL 32503	
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					

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	PD	1.1 TITLE	Cathy Dunigan D
NAME	MCDONALD, DAVID	1.2 NAME	
STREET ADDRESS	2070 N PALAFOX STREET PO Box 8219	1.3 STREET ADDRESS	PO Box 12278
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D	2.1 TITLE	
NAME	MITCHELL, DOUG	2.2 NAME	
STREET ADDRESS	130 E. GOVERNMENT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SANSFREE, DONNA	3.2 NAME	
STREET ADDRESS	809 RUESS ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Danny Zimmern D	4.2 NAME	
STREET ADDRESS	109A E Garden	4.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32501	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	Grady Kirtrell D	5.2 NAME	
STREET ADDRESS	2103 Magnolia Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32503	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	Bonita McDonald D	6.2 NAME	
STREET ADDRESS	6813 Whiteoak Dr.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32503	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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 850-473-8858

CR2E037 (11/98)