FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N45603

(0)

1. Corporation Name										
SUGAR BEACH SERTOMA, INC.										
goun	II DEVOII	OLITOMA, 1140					E LA BILLER DEL ALBEM BALLE BALLE BALLE	A ANAL MARIN BANKA MARIN MARIN MARIN M	Fill II AAAAA (AAA	
Principal Place of Business Mailing Address								i iigi dibii dibii dibii dibii	ASBET BISIN (EB)	
P.O. BOX 4384 P.O. BOX 4384										
FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 32					. 32549-4384					
							3. Date Incorporated or Qualified	3a. Date of Last f	Report	
							10/14/1991	02/13/19	996	
2. Principal P	lace of Busin	ness	2a. Maitir	2a. Mailing Address			4. FEI Number	1 IA	pplied For	
21			26	26			59-2956758	l N	ot Applicable	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			E. Cardiffrate of Ptatics Desired	□ \$8.75	Additional	
22			27				5. Certificate of Status Desired	Fee R	lequired	
City & State	θ	-		City & State			6. Election Campaign Financing	\$5.00	May Be	
23			28				Trust Fund Contribution L. Added to Fees			
Zip		Country	Zip		Country		8. This corporation has liability for i	ntangible tax under e	s. 199.032,	
24	0 21	25	29	A	30			Yes No		
9. Name and Address of Current Registered Agent 81 Name							10. Name and Address of New Registered Agent			
						_?	EAN VAN 10	ERGEI	\sim $ $	
SNELSON-WOLFE, LORI					82 Street	Addres	s (BO. Box Dumber is Not Acceptab	he) A AL CO	URT	
1191-A N EGLIN PKWY					83	DC	DIZIV HUC	SHIN CO	OPE I	
STE 169					60					
SHALIMAR FL 62579					84 City	14	ALIMAR	FL 85 3	Sode 79	
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										
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 Jean Van Bergen, Massurer 04-20-97										
	Signature, typed	or printed name of registered age			E. Registered Agent signature	required	when reinstating)	DATE		
12.		OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	N AALLEEN		DELETE	1.1 TITLE	Di	retor,	☐ Change	Addition	
NAME		N, COLLEEN			1.2 NAME		at Stoewe.			
STREET ADDRESS		DX 1322 N/A			1.3 STREET ADDRESS	9	107LidoCircle E	α		
CITY-ST-ZIP	DESTIN	ITL		DELETE	1.4 CITY - ST - ZIP		ceville FL 3257	≥ Change	Addition	
TITLE	TD SAICH SA	AN WAITE LADI		DELETE	2.1 TITLE	-	rector	Cuanta	Addition	
NAME	AND A SECULO DIGITAL OFF AND				2.2 NAME	Dix	kie Mac Donald	• •		
ALIAN MARKET			108		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	50	7-G China's Cove	FL 355	548	
CITY-ST-ZIP TITLE	VD	PART L		DELETE	3.1 TITLE	Ē	S SECTION BEACE	Change	Addition	
NAME		SUZANNE			3.2 NAME	~	-	<u></u> 590		
STREET ADDRESS		VILLE DR			3.3 STREET ADDRESS				:	
CITY-ST-ZIP		ESTHER FL			3.4. CITY-ST-ZIP					
TITLE	CD			DELETE	4.1 TITLE	۸.	rector	Change	Addition	
NAME		CAROL			4. 2 NAME	ر ر	()-01			
STREET ADDRESS		OMAS CT NW			4.3 STREET ADDRESS					
CITY-ST-ZIP		TON BCH FL			4.4 CITY-ST-ZIP					
TITLE	1			DELETE	5.1 TITLE	5	ecretary - 5	☐ Change	Addition	
NAME					5.2 NAME	Ť	goi Estival St			
STREET ADDRESS					5.3 STREET ADDRESS					
CITY-ST-ZIP					5.4 CITY-ST-ZIP	F	t. Walton Beach	IFL 321	547	
TITLE	· · · ·			DÉLETE	6.1 TITLE	410	easurer - T	Change	Addition	
NAME					6.2 NAME	.2	ean Van Berge 809 Ben Hogel	žh,		
STREET ADDRESS					6.3 STREET ADDRESS	2.	809 Ben Hogel	n Cot.		
CITY OT THE					0.4.01TV 07.210		orling, El Ga	32579		

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 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.

Jun 03 1997 8:00am Secretary of State

FILED