

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N93000002349 (9)</b> 1. Corporation Name <b>EMERALD COAST SINGLETONS, INC.</b>			



Principal Place of Business <b>P.O. BOX 4564 FT. WALTON BEACH FL 32549-4564</b>	Mailing Address <b>P.O. BOX 4564 FT. WALTON BEACH FL 32549-4564</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/20/1993</b>		3a. Date of Last Report <b>03/13/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3168084</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JAMES, JUDIE 22 LAKE LORRAINE CIRCLE SHALIMAR FL 32579</b>				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			
<b>Destin</b>				<b>FL</b>		<b>32541</b>	

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 *Richard Benning* 5/1/97  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAMES, JUDIE		1.2 NAME	Richard Benning			
STREET ADDRESS	22 LAKE LORRAINE CIRCLE		1.3 STREET ADDRESS	4084 N. INDIAN BAYOU DR			
CITY-ST-ZIP	SHALIMAR FL		1.4 CITY-ST-ZIP	Destin FL 32541			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Betty Rooney Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNING, RICHARD		2.2 NAME	422 Woodrow St.			
STREET ADDRESS	4084 N INDIAN BAYOU DRIVE		2.3 STREET ADDRESS	FT. Walton Beach FL 32547			
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Louise R. Leake-Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KUMACK, RONALD J		3.2 NAME	114 MAINSAIL DR #165			
STREET ADDRESS	348 PRIMROSE CIRCLE		3.3 STREET ADDRESS	Destin FL 32541			
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	(D)
NAME			4.2 NAME	HARVEY BANISTER			
STREET ADDRESS			4.3 STREET ADDRESS	11615 Bliss Way			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Destin FL 32583			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	(D)
NAME			5.2 NAME	CAROL CONNOR			
STREET ADDRESS			5.3 STREET ADDRESS	117 Beach Drive, Lot 1			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	FL Walton Beach FL 32547			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	(D)
NAME			6.2 NAME	NINA HARRISON			
STREET ADDRESS			6.3 STREET ADDRESS	99 4th Ave #138			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SHALIMAR FL 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.

SIGNATURE *Richard Benning* 5/1/97  
SIGNATURE REQUIRED

CR2E037 (9/96)