FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #9600004708

SONS OF THE BEACHES, INC

FILED Mar 18 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing A	ddress				1					
P.O. B	BOX 2733											
DAYTONA BEACH FL 32115-2733 P.O.BOX					3		3. Date Incorporate	d or Qualified	3a. Da	le of Las	st Repor	t
			DAYTON	IA BE	ACH	ra.	9/11/96			32	•	
	Place of Business	2a. Mailin			11771	L	4. FEI Number			X.	Applied	For
2731 N.	OLEANDER AVE	26 FL	32118								Not Ap	plicable
Suite, Apt.		Suite,	Apt. #, etc.				5. Certificate of Stat	us Desired			5 Addit Require	
City & State 23 DAYTO	NA BEACH, FL	City &	State				6. Election Campaig Trust Fund Contri		П		00 May	
Z 32118		Zip		Cour	ntry		8. This corporation I		intangible i			
32118	25 US	29		30			Florida Statutes		Yes X			
	9. Name and Address of Current	t Registered A	lgent				10. Name and Addre	ess of New Re	gistered A	gent		
	_			ĺ	81 N	lame						
BURKE,	PAUL E. SR.			ŀ	82 S	ireet Addro	oss (P.O. Box Number is	s Not Acceptat	ole)			
731 NORTH OLEANDER AVE				}	83							
DAYTON	A BEACH, FL 82118	3 US				City				85 2	ip Code	
·									<u> FL</u>		· 	
			3. Florida Statu	tes, the ab	oove-na	amed corpo	oration submits this stat	ement for the p	ourpose of	changir	g its reg	gistered
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State (am familiar with, and accept the obligation)	of Florida, Suci	h change was	authorized Iorida Stati	d by the	e corporation	on's board of directors.	I hereby accel	pi ine appo	on the rec	as regi	stered
office or r agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Suc itions of, Section	h change was on 617.0503, FI	lorida Statu	d by the utes.	, 		I hereby accep			as regi	stored
office or r agent. I a SIGNATURE	registered agent, or both, in the State of	of Florida, Suc itions of, Sections of and title if applical	h change was on 617.0503, FI	lorida Statu	d by the utes.	, 	on's board of directors, ed when reinstating) ADDITIONS/CHAN		DATE			
office or r agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agen OFFICERS AND	of Florida, Suc itions of, Sections of and title if applical	h change was on 617.0503, FI	lorida Statu 11: Registered	d by the utes.	, 	ed when reinstating)		DATE		OR\$ IN	12
office or r agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida, Suc itions of, Sections of and title if applical	h change was on 617.0503, FI	It: Registered	d by the utes. Agent si	, 	ed when reinstating)		DATE	DIRECT	OR\$ IN	12
office or ragent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida, Suctions of, Sections of, Sections of Sections of the Manual	h change was on 617.0503, FI	11: Registered 13. 1.1 TIT	d by the utes. Agent si	ignature require	ed when reinstating)		DATE	DIRECT	OR\$ IN	12
office or ragent. I a SIGNATURE 12. TITLE PD	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida, Suctions of, Sections of, Section of Application and the if application of the CTORS Ave	h change was in 617.0503, FI	tt: Registered 13. 1.1 TII 1.2 NA 1.3 STI	d by the utes. I Agent si	ignature require	ed when reinstating)		DATE	DIRECT	OR\$ IN	12
office or ragent. I a SIGNATURE 12. TITLE PD CM/E STREET ADDRESS	registered agent, or both, in the State of an familiar with, and accept the obligation of the obligati	of Florida, Suctions of, Sections of, Section of, Section of Secti	h change was in 617.0503, FI	tt: Registered 13. 1.1 TII 1.2 NA 1.3 STI	d by the utes. Agont si LE ME REET ADD	ignature require	ed when reinstating)		DATE CERS AND	DIRECT	ORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE PD CM/E STREET ADDRESS CHY-SI-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida, Suctions of, Sections of, Section of, Section of Secti	h change was in 617.0503, FI	11: Registered 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CIT	d by the utes. Agont si LE ME REET ADD IY-S1-ZI LE	ignature require	ed when reinstating)		DATE CERS AND	DIRECT	ORS IN	12 Addition
office of ragent. I a SIGNATURE 12. TITLE PD (M/E STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with, and accept the obligation of the	of Florida. Suctions of, Sections of, Section of, Section of Secti	th change was on 617.0503, FI	11: Registered 13. 1.1 TII 1.2 NA 1.3 STI 2.1 TII 2.2 NAI	d by the utes. Agont si LE ME REET ADD IY-S1-ZI LE	ignature require	ed when reinstating)		DATE CERS AND	DIRECT	ORS IN	12 Addition
office or ragent. I a SIGNATURE 12. PD TITLE PD STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with, and accept the obligation of the	of Florida. Suctions of, Sections of, Section of, Section of Secti	th change was on 617.0503, FI	18: Registered 13. 1.1 TH 1.2 NA 1.3 STI 2.1 TH 2.2 NAI 2.3 STF	d by the utes. Agont si LE ME REET ADD (Y-S1-2) LE	ignature require	ed when reinstating)		DATE CERS AND	DIRECT	ORS IN	12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE TITLE STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar of registered agent of familiar of familiar of familiar obligations. OFFICERS AND BURKE PAUL FOR THE SECOND OFFICERS AND OFFICERS	of Florida. Suctions of, Soctions of, Soction of, Soction of Soction of Soction of Socion of Soc	th change was on 617.0503, FI	18: Registered 13. 1.1 TH 1.2 NA 1.3 STI 2.1 TH 2.2 NAI 2.3 STF	d by the utes. Agent si LE ME REET ADD LE ME REET ADD IY-ST-Z	ignature require	ed when reinstating)		DATE CERS AND	DIRECT	ORS IN	12 Addition
office or ragent. I a SIGNATURE 12. TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation familiar with, and accept the obligation of a state of a	of Florida. Suctions of, Soctions of, Soction of, Soction of Soction of Soction of Socion of Soc	th change was on 617.0503, FI	11. Registered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CI 2.	Agont 61 Agont	ignature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	ORS IN	12 Addition
office or ragent. I a SIGNATURE 12. PD TITLE PD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation familiar with, and accept the obligation of the obl	of Florida. Suctions of Social	th change was on 617.0503, FI	11. fregistered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CI 3.1 TIII 3.2 NAI	Agont 61 Agont	Gnature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	ORS IN	12 Addition Addition
office or ragent. I a SIGNATURE 12. PD TITLE PD TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE PAUL ESR Fig. 1 N. Oleander Burke Paul EsR Fig. 1 N. Oleander Exytpha Beach. Fl Armstrong, Milli 2605 Berkley Ter Daytona Bch Shor Rumnock, stephen 1513 Rusty Cr. Port Orange Fl 3	of Florida. Suctions of Social	DELETE DELETE DELETE DELETE	11. feepistered 13. 1.1 TH 1.2 NA 1.3 SH 1.4 CH 2.2 NAI 2.3 SH 2.4 CH 3.1 TH 3.2 NAI 3.3 SH 3.4 CH 3	Agont si Agont si Agont si Agont si LE ME REET ADD LE ME REET ADD LY-ST-Z	Gnature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	OR\$ IN	12 Addition Addition
office or ragent. I a SIGNATURE 12. PD TITLE PD TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation familiar with, and accept the obligation of the obl	of Florida. Suctions of Social	th change was on 617.0503, FI	11. fregistered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CI 3.1 TIII 3.2 NAI 3.3 SIF 3.4 CII 4.1 TIII	Agont si Ago	Gnature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	OR\$ IN	12 Addition Addition
office or ragent. I a SIGNATURE 12. PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BURKE PAUL F SR Fig. 1 N. Oleander Burke PAUL F SR Fig. 1 N. Oleander Barmstrong, Milli 2605 Berkley Ter Daytona Bch Shor Rumnock, stephen 1513 Rusty Cr. Port Orange Fl 3 T Dries, Roseann	of Florida. Suctions of Social	DELETE DELETE DELETE DELETE	11. fregistered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CI 3.1 TIII 3.2 NAI 3.3 SIF 3.4 CII 4.1 TIII 4.2 NAI 4.	I by the utes. I Agent is the test and	Grature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	OR\$ IN	12 Addition Addition
Office or ragent. I a SIGNATURE 12. PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD BURKE PAUL F SR Farmstrong, Milli 2605 Berkley Ter Daytona Bch Shor Rumnock, stephen 1513 Rusty Cr. Port Orange Fl 3 T Dries, Roseann 9 Stuart Drive	Ave 32118 erace ers F13	DELETE DELETE DELETE DELETE	11. Fegislored 13. 1.1 TIT 1.2 NA 1.3 STI 2.1 NI 2.2 NA 2.3 STF 2.4 CI 3.1 TIT 3.2 NA 3.3 STF 3.4 CI 4.1 TIT 4.2 NA 4.3 STF	I Agont si Agon	Grature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	OR\$ IN	12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation familiar with, and accept the obligation familiar with, and accept the obligation of th	of Florida. Suctions of Social	DELETE DELETE DELETE DELETE	11. Fegistered 13. 1.1 TH 1.2 NA 1.3 SH 1.4 CH 2.2 NAI 2.3 SH 2.4 CH 3.1 TH 3.2 NAI 3.3 SH 4.4 CH 4.1 TH 4.2 NA 4.3 SH 4.4 CH 4.4 CH	I by the utes. I Agent is a second of t	Grature require	ed when reinstating)		DATE CERS AND	DIRECT Change	ORS IN	12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation familiar with, and accept the obligation familiar with, and accept the obligation of th	of Florida. Suctions of Social	DELETE DELETE DELETE DELETE	11. Fegistored 13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.2 NAI 2.3 STF 2.4 CII 3.1 TIII 3.2 NAI 3.3 STF 3.4 CII 4.1 TIII 4.2 NA 4.3 STF 4.4 CII 5.1 TIII	I Agont si Agon	Grature require	ed when reinstating)		DATE CERS AND	DIRECT Chan	ORS IN	12 Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE PD TITLE PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Suctions of Social	DELETE DELETE DELETE DELETE	11. Fegistered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CI 3.1 TIII 3.2 NAI 3.3 SIF 4.4 CII 4.1 TIII 4.2 NA 4.3 SIF 4.4 CII 5.1 TIII 5.2 NAI	I doy the utes. I Agent is I	ORESS IP ORESS IP ORESS IP ORESS IP	ed when reinstating)		DATE CERS AND	DIRECT Change	ORS IN	12 Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Succitions of Social Soci	DELETE DELETE DELETE DELETE	11. Fregistored 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NAI 2.3 STIF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STIF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STIF 5.3 NAI 5.3 STIF 5.3 S	I Agont si Agon	OPESS IP OPESS IP OPESS IP OPESS IP	ed when reinstating)		DATE CERS AND	DIRECT Change	ORS IN	12 Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE PD TITLE PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Succitions of Social Soci	DELETE DELETE DELETE DELETE DELETE DELETE	11. Fegistered 13. 1.1 TII 1.2 NA 1.3 SII 1.4 CII 2.2 NAI 2.3 SIF 2.4 CII 3.1 TIII 3.2 NAI 3.3 SIF 4.4 CII 5.1 TIII 5.2 NAI 5.3 SIF 5.4 CII 5.4 CII	I Agont si Agon	OPESS IP OPESS IP OPESS IP OPESS IP	ed when reinstating)		DATE CERS AND	DIRECT Change Ch	ORS IN ge ge ge ge ge	12 Addition Addition Addition Addition
Office of ragent. I a SIGNATURE 12. TITLE PD TITLE PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Succitions of Social Soci	DELETE DELETE DELETE DELETE	11. Fregistored 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 NIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.1 TIT 5.2 NA 4.3 STI 5.4 CIT 5.1 TIT 5.2 NAI 6.1 TITI 6.1 TI	I doy the utes. I Agent is it agent is it agent is it agent and the utes. I Agent is it agent is it agent is agent and the utes. I Agent is it agent is agent is agent in a gent in agent is agent in agent in agent is agent in	OPESS IP OPESS IP OPESS IP OPESS IP	ed when reinstating) ADDITIONS/CHAN	IGES TO OFFIC	DATE CERS AND	DIRECT Change Ch	ORS IN ge ge ge ge ge	12 Addition Addition Addition
Office of ragent. I a SIGNATURE 12. TITLE PD TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Succitions of Social Soci	DELETE DELETE DELETE DELETE DELETE DELETE	11. Fregistored 13. 1.1 TIT 1.2 NA 1.3 STI 2.1 NA 2.2 STI 2.4 CI 3.1 TIT 3.2 NA 4.3 STI 4.2 CI 5.1 TIT 5.2 NA 6.3 STI 5.4 CI 5.1 TIT 5.2 NA 6.3 STI 6.3 STI 6.3 NA 6.3 STI 6.3 STI 6.3 NA	I by the utes. I agent is I	OPESS IP OPESS IP OPESS IP OPESS IP	ed when reinstating) ADDITIONS/CHAN	IGES TO OFFIC	DATE CERS AND	DIRECT Change Ch	ORS IN ge ge ge ge ge	12 Addition Addition Addition
Office of ragent. I a SIGNATURE 12. TITLE PD TITLE PD TITLE PD TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligation	of Florida. Succitions of Social Soci	DELETE DELETE DELETE DELETE DELETE DELETE	11. Fregistered 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STI 4.1 TIT 3.2 NAI 3.3 STI 4.1 TIT 4.2 NAI 5.3 STI 5.4 CIT 5.1 TIT 5.2 NAI 6.3 STI 6.2 NAI 6.3 STI 6.3	I doy the utes. I Agent is it agent is it agent is it agent and the utes. I Agent is it agent is it agent is agent and the utes. I Agent is it agent is agent is agent in a gent in agent is agent in agent in agent is agent in	OPESS IP OPESS IP OPESS IP OPESS IP OPESS IP	ed when reinstating) ADDITIONS/CHAN	IGES TO OFFIC	DATE CERS AND	DIRECT Change Ch	ORS IN ge ge ge ge ge	12 Addition Addition Addition Addition

In order by Certify that the information supplies with this falling stock had quality in the exemption stated in Section 19.07(3)(), Fronda Statutes. Troutler 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 trusting empowers to be 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 accuracy.

SIGNATURE:

John Hand Will Came of signing o

255°-863

W