


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N96000004708 <b>1. Corporation Name</b> SONS OF THE BEACHES, INC					
<b>Principal Place of Business</b> P.O. BOX 2733 DAYTONA BEACH FL 32115-2733			<b>Mailing Address</b> P.O. BOX 2733 DAYTONA BEACH FL		
<b>2. Principal Place of Business</b> 2731 N. OLEANDER AVE Suite, Apt. #, etc. City & State 23 DAYTONA BEACH, FL Zip 32118		<b>2a. Mailing Address</b> 26 FL 32118 Suite, Apt. #, etc. City & State 27 DAYTONA BEACH, FL Zip 32118		<b>3. Date Incorporated or Qualified</b> 9/11/96 <b>3a. Date of Last Report</b> X Applied For Not Applicable	
<b>22</b>		<b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> BURKE, PAUL E. SR. 731 NORTH OLEANDER AVE DAYTONA BEACH, FL 32118 US			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<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.</b>					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE PD NAME BURKE, PAUL E SR STREET ADDRESS 731 N. Oleander Ave CITY-ST-ZIP Daytona Beach, Fl 32118			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME Armstrong, Millie STREET ADDRESS 2605 Berkley Terrace CITY-ST-ZIP Daytona Bch Shores Fl 32119			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD NAME Rumnock, stephen STREET ADDRESS 1513 Rusty Cr. CITY-ST-ZIP Port Orange Fl 32119			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T NAME Dries, Roseann STREET ADDRESS 9 Stuart Drive CITY-ST-ZIP Holly Hill, Fl 32117			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SD NAME Williams, John J. STREET ADDRESS 717 N. Peninsula Dr CITY-ST-ZIP Daytona Beach, fl 32118			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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:

John J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-255-8631

CR2E037 (9/96)