## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



ELORIDA DEPARTMUNT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P21472

(6)

DUNES MARKETING GROUP, INC.

Apr 15 1997 8:00am						
Secretary of State						

EII ED

Principal Plac	e of Business	Mailing Address			AL DIBIL D'1844 BIBIL BEDEF BIBIL D'1841 1981
		591 BIG CANOE BIG CANOE GA 30143-5112	<b>!</b>		
				3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 11/01/1996
	lace of Business	2a. Mæling Address		4. FELNumber	Applied For
21 Hilton Head, SC 26				57-0725930	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 6 Qu	eens Folly Rd.	City & State		6. Election Campaign Financing	\$5.00 May Be
	on Head, SC	28		Trust Fund Contribution	Added to Fees
Zip	Country 3928 25 USA	Zip	Country 30	8. This corporation has liability to Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
CT (	CORPORATION SYSTEM		<b>81</b> Name		
1200	S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Accepte	::
PLAI	NTATION FL 33324		<u> </u>		
			83		
			84 City		85 Zip Code
44.5	602.07.07	160246010000		the state of the state of the line	
office or r	to the provisions of Sections 607 0502 registered agent, or both, in the State of	and 607.1508, Florida Statote l'Elorida: Such change was a	uthorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acco	apt the appointment as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607,0505, Flo	rida Statutes.		
SIGNATURE	Signature typed or poor dinanie of registered agent	and title if or plicable INCH	Registered Agent signature regul	red who meinst-eng)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 101.6		Change Addition
NAME	BYRNE, WILLIAM J.		1.2 NAME		
STREET ADDRESS	591 BIG CANOE		1,3 SPRECT ADDRESS		
CITY-ST-ZIP	BIG CANOE GA 30143		1.4 CITY - ST - ZIF	, ,	
TITLE	S CARLA CARLA CA	[_] DELETE	2.1 TULF		Change Addation
NAME ·	GRIFFIN, CARY S.		2.2 NAME		
STREET ADDRESS	591 BIG CANOE		2.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	BIG CANOE GA 30143	DELLIE	2.4 CITY - ST - ZIP 3.1 TILLE		Change Addition
NAME	ZAK, NANCY	<u>L., j. 24 ( C. t.</u>	3.2 NAM!		O.M. Igo Mathitum
STREET ADDRESS	591 BIG CANOE		3.3 STREET ADDITIESS		
CITY-ST-ZIP	BIG CANOE GA 30143		3.4. CITY - ST - 7IP		
TITLE	<u>. =</u>	DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAWE		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4.4 CITY - ST - ZIP		
TITLE		DITETE	5.1 Till (F		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DETETE	5.4 C/TY - S1 - 7/P		Change Addition
TITLE			6.1 TITLE		E Charge E Adottor
NAME PROCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by <b>certify</b> that the information sapplied	with this filling does not goalif	■ 6.4 CITY - S1 - ZIP v for the exemption state	d in Section 119.07(3)(s), Florida Statut	.cs. I further cort ty that the

I do hereby certify that the information supplied with this filling does not dealify for the exemption stated in section 1.19.07(3)(i), Florida Statutes. 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 logal 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

873-3300