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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000036449 (5) DOCUMENT

FILED Feb 25 1998 8:00am Secretary of State

SHORE ADVENTURES OF DESTIN, INC.							
					1 100 100 100 100 100 100 100 100 100 1		
Principal Plac	e of Business	Mailing Address					
506 HWY 98 506 HWY 98							
DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					05/17/1993		
	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 26					59-3187623		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State			Fee Re		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		
24	25		30			_] No
27	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
AB	BOTT, WILLIAM W JR		81 Na	me			
500		82 Str	et Addre	ss (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
DE	STIN FL 32541				,		
			83				
1			84 City	,		85 Zip (Code
		····			<u>Fl</u>	_	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.							
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.	,	• • • •		•
SIGNATURE	Signature, typed or printed name of registered age	BIOTE:	Registered Agent sign	atura rapulirar	d when reinstating) DATE		
12.	Signature, typed or printed name or registered age		13.	ature requirec	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE	<u> </u>		Change	☐ Addition
NAME	ABBOTT, WILLIAM W JR		1.2 NAME				
STREET ADDRESS	506 HWY 98		1.3 STREET ADDRE	ss			
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	MCKAREM, SAMUEL		2.2 NAME				
STREET ADDRESS	506 HWY 98		2.3 STREET ADDRE	ss			
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY - ST - ZIP			Change	Addition
TITLE	KNIGHT, STEPHEN	☐ DELETE	3.1 TITLE		•	Change	
NAME CONTEX ADDOCCO	506 HWY 98		3.2 NAME 3.3 STREET ADDRE				
STREET ADDRESS	DESTIN FL 32541			333			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	+		Change	Addition
NAME			4. 2 NAME			_ •	
STREET ADDRESS			4.3 STREET ADDRE	ss			{
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADORE	ss			
CITY-ST-ZIP		<u> </u>	5.4 C(TY-ST-Z(P				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAMÉ			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRE	ss			
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. I 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 epolt 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 of the receiver of fruster 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 an an attachment with an address.

17/1/1/37