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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060794 (3)

SUNCOAST VACATION RENTALS, INC.

Principal Place 126 THIRD AVE SAFETY HARBO	NORTH 206	Mailing Address 126 THIRD AVE NORTH 206 SAFETY HARBOR FL 34695-3658							
						3. Date Incorporated or Qualified 08/31/1993	3a. Date of 05/01/		eport
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number 50-2100266	4. FEI Number Applied Fc S9-3199366 Not Applie			
Sulte, Apt.	#, etc.	Suite. Apt. #, etc.					_	Additional	
City & State		City & State			5. Certificate of Status Desired		Fee Re	 -	
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country		Zip	• · · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent		30			Fiorida Statutes			
LAG AF		it Hegistered Agent		81	Name	10. Name and Address of New Heg	istered Age	nt	
WHETTON, LESLEY 126 THIRD AVE NORTH 206									
	ETY HARBOR FL 34895		B2 Street Ac			dress (P.O. Box Number is Not Acceptabl	e)		
				83					
				84	City		<u>-</u> μ [ε	35 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				bove	-named co	rporation submits this statement for the pu	FL urpose of cha	anging it	s registered
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.									
SIGNATURE									
12.	Signature, typed or printed name of registered agr	nt and title if applicable. (NOTE D DIRECTORS	Flegistered	d Ager	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DI	RECTOR	S IN 12
TITLE	D OIT IOE IIO AN			1,1 TITLE		ABBITIONS/OFFIANAZO TO OTTO		Change	Addition
NAME	WHETTON, LESLEY		1.2 N/	1.2 NAME				-	
STREET ADORESS	126 THIRD AVE NORTH 206		1.3 \$1	TREET.	ADDRESS				
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CF	1.4 CRTY-ST-ZIP					
TITLE	VPS	2.2		21 IIILE			L	Change	Addition
NAME	ERWIN, FRANK 126 THIRD AVE NORTH 206			AME					
STREET ADDRESS	SAFETY HARBOR FL			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	ON ETT HANDONTE	DELETE		2 4 C(1Y - S1 - Z(P 3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS	■		3.3 ST	TREET.	ADDRESS				
CITY-ST-ZIP	34.		3 4. C	IIY-S	1 - ZIP				
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STREET ADDRESS	. I				ADDRESS				
CITY-ST-ZIP TITLE				ITY-SI	T-ZIP			Change	Addition
NAME		[] otten	5.1 TITLE 5.2 NAME				لمبا	Onange	CJ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST					
TITLE			6.1 Ti					Change	Addition
NAME			6.2 N	AME	-				
STREET ADDRESS			6.3 S1	TREET.	ADDRESS				
1 0174 07 700									

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ctylings, or or an attachment with an address.