


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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moudon Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079173

1. Corporation Name
Emerald Coast Enterprises of Pace, Florida, Inc.
4841 Royal Pines Drive
Pace, FL 32571

Principal Place of Business	Mailing Address
4475 Coastal Lane Pace, FL 32571	4841 Royal Pines Drive Pace, FL 32571

3. Date Incorporated or Qualified 11/12/93	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59=3208229	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

Glenn McLeod
4841 Royal Pines Drive
Pace, FL 32571

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: *Glenn McLeod* V.P. DATE: **4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Katherine M.	1.2 NAME	
STREET ADDRESS	5100 Hyw 4	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jay, FL 32565	1.4 CITY-ST-ZIP	
TITLE	Shareholder Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, C. David	2.2 NAME	
STREET ADDRESS	5100 Hyw. 4	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jay, FL 32565	2.4 CITY-ST-ZIP	
TITLE	McLeod, Glenn Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4841 Royal Pine Drive	3.2 NAME	
STREET ADDRESS	Pace, FL 32571	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	McLeod, Pansy Shareholder Director	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4841 Royal Pine Drive	4.2 NAME	
STREET ADDRESS	Pace, FL 32571	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brockway, Larry	5.2 NAME	
STREET ADDRESS	1311 Greenleaf Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pace, Florida 32571	5.4 CITY-ST-ZIP	
TITLE	Shareholder Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brockway, Gail	6.2 NAME	
STREET ADDRESS	1311 Greenleaf Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pace, FL 32571	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn McLeod* V.P. DATE: **4-28-97**

CR2E034 (9/96)