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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067530 (3)

BEACON RESORT MANAGEMENT, INC.

Principal Plane of Business

Mailing Address

FILED Apr 09 1997 8:00am Secretary of State



25 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Soite, Apt. #, etc. 28 State City & State City & State City & State Country Country Country Country Cip Country Country Cip Country Country Cip Country Country Cip Country C	oplied For at Applicable Additional equired May Be to Fees
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Street Address of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 1.	equired May Be to Fees
Trust Fund Contribution Added Zip Country Zip Country 8. This corporation has liability for intangible tax under service 1.25 29 30 Florida Statutes 1.27 yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip 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 in the purpose of changin	to Fees
25 29 30 Florida Statutes Wes No. 9. Name and Address of Current Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 84 City FL 85 Zip 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 in th	199.032,
GRIMSLEY, JAMES W 25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 in	
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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	
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 of florida Statutes of 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	Code
11. Fursion to the provisions of Sections 607 (2002) and 607, 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing of the corporation's board of directors. I begin account the appointment as	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered
SIGNATURE: Strengton special in product partie of regulators agrees and other it applicative (NOTE: Fingistered Agent's greature required when reinstating). DAYE	
12. OF DICE HS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
THE D DELETE 1.1 TITLE Change	Addition
PAME CORSENTINO, CHARLES A 1.2 NAME	
STREET ACTORIESS 1114 SANTA ROSA BLVD 1.3 STREET ADDRESS	
DIEV ST-ZIP FT WALTON BEACH FL 32548 14 CHY-ST-ZIP	
DELETE 21TILE Change	Addition
AM: 2.2 NAME	
STREET ADDRESS	
2 4 GHY-ST-ZIP	
THIF DELETE 3.1 TITLE Change	Addition
HAME 3.2 NAME	
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TIPLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STREET ADDRESS	
CHY-ST-ZIP 4.4 CHY-ST-ZIP	
THE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	
STREET AUGRESS 5.3 STREET ADDRESS	
GTV - \$1 - 772 54 CTTY - \$1 - 77P	
TILLE DELETE 61 TITLE Change	Addition
NAM: 62 NAME	
STREET ADDRESS 6,3 STREET ADDRESS	
CHY-ST-ZIP 6.4 CHY-ST-ZIP	
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that	
14. I do hereby certify that the information supplied in this filing does not prairily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that information advented on this annual professor, or supplies on the same legal effect as if made unlian reflection of direction on the control or by receiver trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13.1 Advanced on an attackment with an address.	the
appears in Brock 12 or Block 13 if challed Moron an attachment with an address.	the der oath; the name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR