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

Mailing Address P.O. BOX 786

DESTIN FL 32540-0786

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

appears in Block 12 or Block 13 if chariged, or on an attachment with an address.

"ATURE:

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apr. #, etc.

City & State

2

VERA CRUZ DR. DESTIN FL 32541



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000317 (4)

PURI SAKANA OF DESTIN INC.

25 29 30 9. Name and Address of Current Registered Agent 81 Name MRAZ, CELIA G. **505 VERA CRUZ DRIVE** 82 Street Address **DESTIN FL 32541** 83 84 City 1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpora office or registered agent, or both in the State of Florida. Such change was authorized by the corporation agent. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. :GNATURE Signal and Appropriated har or of registering agent and Ale if applicative (NOTE_Registered Agent signature required v OFFICERS AND DIRECTORS 13. Į F ☐ DELETE 1.1 TITLE MRAZ, CELIA G 1.2 NAME MH **505 VERA CRUZ DRIVE** RELIATIONESS 1.3 STREET ADDRESS DESTIN FL 1Y - ST 76° 1.4 CITY-ST-2IP DELETE LF 2.1 TITLE MRAZ, CHARLES L ME 2.2 NAME 505 VERA CRUZ DRIVE 2 3 STREET ADORESS BELLADORESS **DESTIN FL** 2. 4 CITY-ST-ZIP DELETE 31 TITLE TELATORESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP DELETE 4.1 TITLE 4. 2 NAME CLARMISS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME $\cup \{f_{k}^{i}\}_{i=0}^{i}\}_{i=0}^{i}$ 5.3 STREET ADDRESS \$1.70 5.4 CITY-ST-ZIP DELETE Addition 6) TITLE 6.2 NAME 1 ADJERESS 6.3 STREET ADDRESS 51.70 64 CITY-ST-ZIP do hereby certify that the information supplied with this faing does not qualify for the exemption state. If in Section 119.07(3)(i), Florida Statutes, I further certify that the information in addition 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 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

ICER OR DIRECTOR

FILED Apr 04 1997 8:00am Secretary of State

A DOUIDAL DID TOID) DILLE BEAM DONA CENIL I	10111 31 111 31 1			
	· ·			
3. Date Incorporated or Qualified 12/30/1994	3a. Date of Last Report 04/17/1996			
4. HEI Number 59-3290721	***************************************		*******	plied For Applicable
5. Certificate of Status Desired			' 5 A	dditional quired
Election Campaign Financing Trust Fund Contribution				May Be o Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
10. Name and Address of New Reg	istered A	ent		
(P.O. Box Number is Not Acceptable	e)			
	FL		Zip C	
tion submits this statement for the pure is board of directors. I hereby accept	irpose of c the appoi	hangii ntmen	ng its t as r	registered registered
rhen reinstating)	DATE			
ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIREC Char		S IN 12 Addition
	l	□ Out	ıñc	Addition
		Char	ige	Addition
	C] Char	ige	Addition
		Char	ige	Addition