

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000006908 (4)**

1. Corporation Name

THE POLYNESIAN PALMS, INC.

Principal Place of Business

**15624 FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US**

Mailing Address

**P O BOX 18199
PANAMA CITY BCH FL 32417-8199
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1995	
21		26		4. FEI Number 59-3292704	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

9. Name and Address of Current Registered Agent

**CLARK, SUSAN M
409 OTTO LN
PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81 Name **Clark, Donald D.**
82 Street Address (P.O. Box Number is Not Acceptable) **118 Treasure Palm Drive**
83
84 City **Panama City Beach, FL** **85 Zip Code** **32417**

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, within 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 **Donald D. Clark** **Donald D. Clark - Vice President** **3/12/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	T/PMC
NAME	CLARK, SUSAN M	1.2 NAME	Clark, Susan M.
STREET ADDRESS	409 OTTO LN	1.3 STREET ADDRESS	118 Treasure Palm Drive
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	VD	2.1 TITLE	V/SD
NAME	CLARK, DONALD D	2.2 NAME	Clark, Donald D.
STREET ADDRESS	409 OTTO LN	2.3 STREET ADDRESS	118 Treasure Palm Drive
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE		3.1 TITLE	D
NAME		3.2 NAME	Firth, Vincent J.
STREET ADDRESS		3.3 STREET ADDRESS	3 Aster Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Medford, N.J. 08055
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: **Donald D. Clark** **Donald D. Clark** **3/12/98** **850-230-2601**

CR2E034 (10/97)