

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P95000012996 (1)

1. Corporation Name
SUNSET COVE RESORT, INC.

Principal Place of Business
99630 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address
PO BOX 99
KEY LARGO FL 33037-0099



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0561908	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NORTON, C.W.
99630 OVERSEAS HIGHWAY
PO BOX 99
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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

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: *C.W. Norton* DATE: 4/18/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, DAVID	1.2 NAME	
STREET ADDRESS	PO BOX 99 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	D DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, LAWRENCE	2.2 NAME	
STREET ADDRESS	99630 OVERSEAS HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, ROGER	3.2 NAME	
STREET ADDRESS	99630 OVERSEAS HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	3.4 CITY-ST-ZIP	
TITLE	P/D DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, C W	4.2 NAME	
STREET ADDRESS	99630 OVERSEAS HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	
TITLE	D DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, LAWRENCE	5.2 NAME	
STREET ADDRESS	PO BOX 99 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	
TITLE	STDR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, C.W.	6.2 NAME	
STREET ADDRESS	PO BOX 99 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	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: *C.W. Norton* DATE: 4/18/97 451-0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)