

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016947 (9)

1. Corporation Name
CLIFFHANGER, INC.

Principal Place of Business
**10333 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

Mailing Address
**10333 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407-3511**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/23/1996	3a. Date of Last Report 2/23/96
4. FEI Number 59-3364694		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHNEIDER, CHARLENE C 10333 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 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: *Charlene Schneider* 2-8-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME SCHNEIDER, CHARLENE C STREET ADDRESS 108 COLONY BAY HARBOUR DRIVE CITY-ST-ZIP PANAMA CITY BEACH FL 32407	1.1 TITLE Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Schneider, Chris R 1.3 STREET ADDRESS 108 Colony Bay Harbour Dr 1.4 CITY-ST-ZIP Panama City Beach, FL 32407	TITLE VPD <input type="checkbox"/> DELETE NAME MAY, GINA R STREET ADDRESS 16824 INNOCENTE AVENUE CITY-ST-ZIP PANAMA CITY BEACH FL 32413	2.1 TITLE Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME may Sean 2.3 STREET ADDRESS 16824 Innocente Ave 2.4 CITY-ST-ZIP Panama City Beach FL 32413
TITLE Officer <input type="checkbox"/> DELETE NAME Chris Schneider STREET ADDRESS 108 colony bay Harbour Dr CITY-ST-ZIP Panama City Beach FL 32407	3.1 TITLE Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Gina may R. 3.3 STREET ADDRESS 16824 Innocente Ave 3.4 CITY-ST-ZIP Panama City Beach FL 32413	TITLE Officer <input type="checkbox"/> DELETE NAME Sean May STREET ADDRESS 16824 Innocente Ave CITY-ST-ZIP Panama City Beach FL 32413	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: *Charlene Schneider* 1-28-97 904-230-3851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)