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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600054494 (5)

SUGAR BEACH MOTEL, INC.

## FILED Feb 12 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Add	dress				i û bişi biyi biy		
16819 FRONT	BEACH ROAD	16819 FRO	Mailing Address 16819 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-2439					- 2	
FANAMA VIII	Y BEACH FL 32413	PANAMA C	ON DEAUT F	. <i>32</i> 41 <i>3</i> -2439		3. Date incorporated or Qualified 06/26/1996	3a. Date	of Last R	Report
2. Principal P	Place of Business	2a. Mailing	Address	*···		4. FEI Number	<u>.                                 </u>	A	oplied For
21		26				_05.9338518		No	ot Applicable
Suite. Apt.	#, etc.	<b>├</b> ₁	pt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	In	27 City & S	State		<del></del>	& Floation Counciling Financing			
23		28	Jidio			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Countr	ry	8. This corporation has liability for in	ntangible tax		<del></del>
24	25	29		30		_	Yes 🔲 I		
	9. Name and Address of Cu	irrent Registered Ag	gent			10. Name and Address of New Reg	Istered Ag	ent	
НО	LSOMBAKE, JIM			8	1 Name				
	319 FRONT BEACH ROAD			6.	2 Street Arid	iress (P.O. Box Number is Not Acceptab	le)		
	NAMA CITY BEACH FL 32413	3				,			····
				8:	3				
				84	4 City	Min	,	85 Zip	Code
						poration submits this statement for the pation's board of directors. I hereby accep	FL		
SIGNATURE			7. 4	11	1 11				
SIGNATURE.	grature typing printed name of register	ed agent and title if applicable	<i>J1147 170</i> e. (NO	TE: Reg sterêd A	gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS	of agent and title if applicable SIAND DIRECTORS		13,		aired when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND D		
12. IIILE	D		e. JAA JAO	13. 1.1 TITLE		ured when renstating) ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTO	
12. TITLE MAME	D Holsombake, Jim	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	E	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND D		
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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; the Lam 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

HIGHATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

Daytime Phone #