

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

FILED

Apr 28 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 # P96000056905 (8)

1. Corporation Name
EMERALD COAST CANVAS, INC.

Principal Place of Business 14 MIRACLE STRIP PKY. FT. WALTON BEACH FL 32548	Mailing Address 14 MIRACLE STRIP PKY. FT. WALTON BEACH FL 32548
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3416121		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARTH, JAMES C 30 S. SHORE DR. DESTIN FL 32541		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHOLD, JOHN W	1.2 NAME	
STREET ADDRESS	14 MIRACLE STRIP PKY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, FREDERIC D	2.2 NAME	
STREET ADDRESS	14 MIRACLE STRIP PKY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PAUL J	3.2 NAME	
STREET ADDRESS	14 MIRACLE STRIP PKY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, DEBORAH L	4.2 NAME	
STREET ADDRESS	14 MIRACLE STRIP PKY.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **PAUL J. ROBERTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 (904)664-5154

Date Daytime Phone #

CR2E034 (9/96)