APPROVED AND FILED

98 JAN -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P96000059143 (3)

1. Corporation Name
LEMON BAY LODGE VENTURES, INC.

Principal Place of Business	Mailing Address
524 PAUL MORRIS DR. UNIT H ENGLEWOOD FL 34223	524 PAUL MORRIS DR. UNIT H ENGLEWOOD FL 34223-3972

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report:
4. FEI Number: 65-0683442 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**
DUPONT, PAUL R JR
524 PAUL MORRIS DR, UNIT H
ENGLEWOOD FL 34223

176 6046

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

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: P. Robert Dupont Jr. — 12/30/97 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DUPONT, PAUL R SR	
STREET ADDRESS	524 PAUL MORRIS DR, UNIT H	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	[ ] DELETE
NAME	DUPONT, JULIA	
STREET ADDRESS	524 PAUL MORRIS DR, UNIT H	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (1 TITLE, 1 NAME, 1 STREET ADDRESS, 1 CITY-ST-ZIP through 6)

900002394189-- 2
-01/08/98--01082--016
****750.00 ****750.00

REINSTATEMENT 97/98 1/5/98

CR2E034 (9/96)

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