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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098428 (1)

1. Corporation Name
SUGAR BEACH VACATION RENTALS INC.



Principal Place of Business Mailing Address
165 ISLAND CIRCLE 165 ISLAND CIRCLE
SARASOTA FL 34242 SARASOTA FL 34242-1850

3. Date Incorporated or Qualified 12/02/1996 3a. Date of Last Report
4. FEI Number 65-0711957 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

LAURENT, DEANNE D
165 ISLAND CIRCLE
SARASOTA FL 34242

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 Deanne D. Laurent 2-10-97
Date

12. OFFICERS AND DIRECTORS

1.1 TITLE D
NAME LAURENT, JAMES T
STREET ADDRESS 165 ISLAND CIRCLE
CITY-ST-ZIP SARASOTA FL 34242
1.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.7 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.8 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 9
NAME Elaine R. Krueger
STREET ADDRESS 165 Island Cir.
CITY-ST-ZIP Sarasota FL 34242
1.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.7 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.8 TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanne D. Laurent 2-22-97
Date Telephone # 0006724

CR2E034 (9/96)