


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 31 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000103752 (7)
 1. Corporation Name
PROVIDENT BISCAYNE RESORTS, INC.

Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE B-5 CLEARWATER FL 34616	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE B-5 CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33759	29 33759

3. Date Incorporated or Qualified 12/27/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**A.G.C. CO.
200 S ORANGE AVENUE
SUITE 2300
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name PROVIDENT MANAGEMENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable) 1700 MCMULLEN BOOTH ROAD
83 SUITE B-5
84 City CLEARWATER,
85 Zip Code FL 33759

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: R. BRENTON HOWIE DATE: 7/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWIE, R. BRENTON	
STREET ADDRESS	1700 MCMULLEN BOOTH ROAD STE B-5	
CITY-ST-ZIP	CLEARWATER FL 34616 33759	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, ELLEN	
STREET ADDRESS	1700 MCMULLEN BOOTH ROAD STE B-5	
CITY-ST-ZIP	CLEARWATER FL 34616 33759	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DROSTE, EDWARD C	
STREET ADDRESS	1700 MCMULLEN BOOTH ROAD STE B-5	
CITY-ST-ZIP	CLEARWATER FL 34616 33759	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500002257605--7
2.3 STREET ADDRESS	-08/05/97--01015--009
2.4 CITY-ST-ZIP	****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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: R. BRENTON HOWIE DATE: 7/28/97

CP2E034 (4/97)

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PROVIDENT MANAGEMENT CORPORATION

July 25, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Annual Reports Department

To Whom It May Concern:

Persuant to my conversation with Ms. Carol Anderson on July 22, 1997, enclosed please find the 1997 Profit Corporation Annual Report for our new corporation PROVIDENT BISCAYNE RESORTS, INC., (Document # P96000103752 (7)) and Provident Management Corporation's check # 2945 in the amount of \$165.00.

As I explained to Ms. Anderson, we have never received the original report for this new corporation and she told me that they have received literally hundreds of calls saying the same thing. She therefore instructed me to write the check for the \$165.00 and send it to an address different than the one on the preprinted envelope (that came with the package).

Please feel free to contact me at the number listed below should you have questions or require any further information.

Sincerely,

PROVIDENT MANAGEMENT CORPORATION

Karen A. Hutek
Accounting Coordinator

/kah

Enclosures