


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

FILED
May 20 1998 8:00am
Secretary of State

| | | | | | |
|---|---|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000020268 (3) | | | | | |
| 1. Corporation Name: PORPOISE SPIT BAYHOUSE CORPORATION | | | | | |
| Principal Place of Business C/O AARON BEAM, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 | | | Mailing Address C/O AARON BEAM, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 | | |
| 2. Principal Place of Business 21 Aaron Beam, JR. Suite, Apt. #, etc. 1300 Beacon PKWY E 22 Unit 103 City & State 23 Birmingham, AL Zip 24 35209-7435 | | 2a. Mailing Address 26 C/O AARON BEAM JR 1300 Beacon PKWY E Suite, Apt. #, etc. 27 Unit 103 City & State 28 Birmingham, AL Zip 29 35209-7435 | | 4. FEI Number 72-1364168 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D BEAM, AARON JR. <input type="checkbox"/> DELETE | | | | |
| NAME | ONE HEALTHSOUTH PARKWAY | | | | |
| STREET ADDRESS | BIRMINGHAM AL 35243 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | D CREEL, MILES JR. <input type="checkbox"/> DELETE | | | | |
| NAME | 3534 GRANDVIEW PARKWAY | | | | |
| STREET ADDRESS | BIRMINGHAM AL 35243 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 | | | | | |
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12 NAME | | | | | |
| 13 STREET ADDRESS | | | | | |
| 14 CITY-ST-ZIP | | | | | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 22 NAME | | | | | |
| 23 STREET ADDRESS | | | | | |
| 24 CITY-ST-ZIP | | | | | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 32 NAME | | | | | |
| 33 STREET ADDRESS | | | | | |
| 34 CITY-ST-ZIP | | | | | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 42 NAME | | | | | |
| 43 STREET ADDRESS | | | | | |
| 44 CITY-ST-ZIP | | | | | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 52 NAME | | | | | |
| 53 STREET ADDRESS | | | | | |
| 54 CITY-ST-ZIP | | | | | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 62 NAME | | | | | |
| 63 STREET ADDRESS | | | | | |
| 64 CITY-ST-ZIP | | | | | |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/05/1997 | |
| 4. FEI Number 72-1364168 | 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 | |
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

14. I 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 *Miles A. Creel* 205-970-2288

CR2E034 (10/97)