

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

FILED
Mar 16 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 # P97000032931 (2)

1. Corporation Name
SAK OF DESTIN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 211 EAST CALL STREET TALLAHASSEE FL 32301 33474 Emerald Coast Pkwy Destin, FL 32540		Mailing Address 211 EAST CALL STREET TALLAHASSEE FL 32301 2213 Armistead Rd Tallahassee, FL 32312	
2. Principal Place of Business 21 33474 Emerald Coast Pkwy Suite, Apt. #, etc. 22 Building 4 City & State 23 Destin, FL Zip 24 32540 Country 25		2a. Mailing Address 26 2213 Armistead Rd Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32312 Country 30	
3. Date Incorporated or Qualified 04/11/1997		4. FEI Number 59-3450897 Applied For 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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent STOWELL, DOUGLAS L 211 EAST CALL STREET TALLAHASSEE FL 32301		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

Signature, typed or printed name of registered agent and title if applicable

(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	STOWELL, DOUGLAS L	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 11059	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32302	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, GARY J	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 11059	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32302	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, MARY K	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 489	3.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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

Douglas L Stowell

2-2-98

CR2E034 (10/97)