

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90013 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000006461

1. Corporation Name
DESTIN SEAFOOD CLUB, INC.



Principal Place of Business
 9 CALHOUN AVENUE
 DESTIN FL 32541

Mailing Address
 9 CALHOUN AVENUE
 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	777 Springlake Dr. Destin Florida 32541	01/20/1998	
22		27		4. FEI Number	
City & State		City & State		59 349 3312	
23		28		Applied For	
Zip	Country	Zip	Country	Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PATE, NINA 9 CALHOUN AVENUE DESTIN FL 32541		81 Name Rebecca L. Destin			
		82 Street Address (P.O. Box Number is Not Acceptable) 777 Springlake Dr			
		83			
		84 City Destin FL 85 Zip Code 32541			
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

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 607.0605, Florida Statutes.

SIGNATURE Rebecca L. Destin DATE 1-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director + Sec/Treas. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Destin	1.2 NAME	
STREET ADDRESS	777 Springlake Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Destin FL 32541	1.4 CITY-ST-ZIP	
TITLE	Director + President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dewey Destin	2.2 NAME	
STREET ADDRESS	777 Springlake Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Destin FL 32541	2.4 CITY-ST-ZIP	
TITLE	Director + V.Pres. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nina Pate	3.2 NAME	
STREET ADDRESS	P.O. Box 958	3.3 STREET ADDRESS	
CITY-ST-ZIP	Destin FL 32540	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, with all other like empowered.

SIGNATURE: Rebecca L. Destin DATE 1-20-99 DAYTIME PHONE # 850 837 9663
Signature and typed or printed name of signing officer or director

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