

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000094348			
1. Corporation Name LA COTE OF PANAMA CITY BEACH, INC.			
Principal Place of Business 10901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407		Mailing Address 10901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 11/06/1998	
21	2a. Mailing Address	4. FEI Number 59-3544903	
Sulte, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	2d. Mailing Address	10. Name and Address of New Registered Agent	
25		81 Name Guy Vanzevoren, Pres.	
26		82 Street Address (P.O. Box Number is Not Acceptable) 10901 Front Beach Rd.	
27		83	
28		84 City Panama City Bch FL 85 Zip Code 32407	
29		86	
30		87	
9. Name and Address of Current Registered Agent KIEHN, ROLAND W ESQ. 220 MCKENZIE AVENUE PANAMA CITY FL 32401			
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 <i>[Signature]</i> DATE			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	22 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	23 STREET ADDRESS	
TITLE	NAME	24 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	34 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	42 NAME	
STREET ADDRESS	STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	52 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	53 STREET ADDRESS	
TITLE	NAME	54 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	64 CITY-ST-ZIP	
CITY-ST-ZIP	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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)