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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S48989

1. Corporation Name

RECREATIONAL MANAGEMENT GROUP, INC.

Principal Place of Business

516 S DILLARD ST
SUITE #4
WINTER GARDEN FL 32787
US

Mailing Address

P.O. BOX 6367
DIAMONDHEAD MS 39525-6000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/30/1991	4. FEI Number 59-3050162	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip Country	28. Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip Country	29. Zip Country			

9. Name and Address of Current Registered Agent

EBY, MELANIE
516 S DILLARD ST
SUITE #4
WINTER GARDEN FL 32787

10. Name and Address of New Registered Agent

81. Name EBY, MELANIE
82. Street Address (P.O. Box Number is Not Acceptable)
1739 ROBERTS LANDING RD.
83.
84. City WINDERMERE FL 85. Zip Code 34786

11. Pursuant to the provisions of Sections 607.0505 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

Melanie Eby

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P.S.D.
NAME	EBY, MELANIE	1.2 NAME	JAMES EBY
STREET ADDRESS	1739 ROBERTS LANDING RD.	1.3 STREET ADDRESS	23098 Freddie Frank Rd.
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	PASS Christian, MS 39571
TITLE	P	2.1 TITLE	
NAME	EBY, MELANIE	2.2 NAME	
STREET ADDRESS	1739 ROBERTS LANDING RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HALL, KATHRYN	3.2 NAME	
STREET ADDRESS	23098 FREDDIE FRANK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASS CHRISTIAN MS	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

James Eby JAMES EBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 228-452-4783

Date

Daytime Phone #

CR2E034 (1/98)