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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S94551			
1. Corporation Name COASTAL PROPERTIES OF OKALOOSA COUNTY, INC.			
Principal Place of Business P.O. BOX 447 VALPARAISO FL 32580		Mailing Address P.O. BOX 447 VALPARAISO FL 32580	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent FLEMING, CAROLYN 157 JOHN SIMS PARKWAY VALPRIASO FL 32580			
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 FL			
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 P	FLEMING, CAROLYN D	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS	500 GULFSHORE DR., #622	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE ST	FLEMING, WILLIAM M	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS	500 GULFSHORE DR., #622	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

SIGNATURE:

Carolyn D. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (853) 678-1099
Date Daytime Phone #

CR2E034 (11/98)