

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V00622** (3)

95 APR 13 PM 2: 12

1. Corporation Name
EMERALD COAST VACATION RENTALS, INC.

Principal Place of Business Mailing Address
621 HIGHWAY 98 EAST DESTIN FL 32541 **5380 CENTRAL AVENUE HOT SPRINGS AR 71913**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/17/1991** 3a. Date of Last Report **06/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	41-1760842		Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGILL, ROBERT E III % WHITLOCK, KRAUSE & MCGILL 1234 AIRPORT ROAD, SUITE 123 DESTIN FL 32541				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 agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPT, ROBERT	1.2 NAME	
STREET ADDRESS	5380 CENTRAL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOT SPRINGS AR 71913	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHL, LARRY	2.2 NAME	
STREET ADDRESS	12700 ANDERSON LAKES PARKWAY #101	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLOP, SCOTT	3.2 NAME	
STREET ADDRESS	12700 ANDERSON LAKES PARKWAY #101	3.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPRIVA, EARL	4.2 NAME	
STREET ADDRESS	12700 ANDERSON LAKES PARKWAY #101	4.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN PRAIRIE MN 55344	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMONS, KEN	5.2 NAME	
STREET ADDRESS	621 HWY. 98	5.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPER, CLARA	6.2 NAME	
STREET ADDRESS	621 HWY. 98 E.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1-20-95** SYSTEM CHECK # **5015253500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT HAUPT**