

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V00622 (3)**

1. Corporation Name

EMERALD COAST VACATION RENTALS, INC.



Principal Place of Business

**621 HIGHWAY 98 EAST
DESTIN FL 32541**

Mailing Address

**5380 CENTRAL AVENUE
HOT SPRINGS AR 71913**

2. Principal Place of Business

2a. Mailing Address

| | |
|---------------------|---------------------|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 29 |
| | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/17/1991 | 3a. Date of Last Report 04/13/1995 |
| 4. FEI Number 41-1760842 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
% WHITLOCK, KRAUSE & MCGILL
1234 AIRPORT ROAD, SUITE 123
DESTIN FL 32541**

10. Name and Address of New Registered Agent

| | |
|----|---|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) Robert E. McGill, P.A. |
| 83 | 743 Hwy 98 E, # 5 |
| 84 | City Destin FL 85 Zip Code 32541 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Size and type of print must be legible. Use black ink.

(NOTE: Registered Agent signature must be handwritten.)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HAUPT, ROBERT | |
| STREET ADDRESS | 5380 CENTRAL AVE | |
| CITY-ST-ZIP | HOT SPRINGS AR 71913 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GEHL, LARRY | |
| STREET ADDRESS | 12700 ANDERSON LAKES PARKWAY #101 | |
| CITY-ST-ZIP | EDEN PRAIRIE MN 55344 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DUNLOP, SCOTT | |
| STREET ADDRESS | 12700 ANDERSON LAKES PARKWAY #101 | |
| CITY-ST-ZIP | EDEN PRAIRIE MN 55344 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KOPRIVA, EARL | |
| STREET ADDRESS | 12700 ANDERSON LAKES PARKWAY #101 | |
| CITY-ST-ZIP | EDEN PRAIRIE MN 55344 | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | CLEMONS, KEN | |
| STREET ADDRESS | 621 HWY. 98 | |
| CITY-ST-ZIP | DESTIN FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KEMPER, CLARA | |
| STREET ADDRESS | 621 HWY. 98 E. | |
| CITY-ST-ZIP | DESTIN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | Assistant Secretary. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(k), 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.

SIGNATURE: *Robert E. McGill*, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96
904 837
6100
Date: File No.

CR2E034 (12/95)