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**Feb 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 71913-9700**

3. Date Incorporated or Qualified: **12/17/1991**
3a. Date of Last Report: **04/25/1996**
4. FEI Number: **41-1760842**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 151 Regions Way**
Suite, Apt #, etc: **22 Bldg 2A**
City & State: **23 Destin Fl**
Zip: **24 32541** Country: **25 USA**
2a. Mailing Address: **26 PO Box 20410**
Suite, Apt #, etc.: **27**
City & State: **28 Hot Springs Ar**
Zip: **29 71903** Country: **30 USA**

9. Name and Address of Current Registered Agent
**MCGILL, ROBERT E III
743 HWY 98 E STE 5
DESTIN FL 32541**

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: _____ (NOTE: Registered Agent signature required when reinstating) 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	KEMPER, CLARA
STREET ADDRESS	621 HWY. 98 E.
CITY - ST - ZIP	DESTIN FL
TITLE	<input type="checkbox"/> DELETE

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	<input 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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/31/97**

CR2E034 (9/96)