

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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**

2. Principal Place of Business: **21 151 Regions Way**
 2a. Mailing Address: **26 PO Box 20410**

4. FEI Number: **41-1760842**
 Applied For: Not Applicable

22. Suite, Apt #, etc: **Bldg 2A**
 27. Suite, Apt #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Destin Fl**
 28. City & State: **Hot Springs Ar**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32541** Country: **USA**
 29. Zip: **71903** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 <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

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

Daytime Phone #

[Handwritten Signature]
RECEIVED
131-97

CR2E034 (9/96)