FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53475

1. Corporation Name
Beachcomber Outdoor Resort, Inc.

Principal Place of Business
Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: July 28, 1992
3a. Date of Last Report: May 1, 1994

2. Principal Place of Business	2a. Mailing Address
21 3455 Coastal Highway	26 P.O. Box 6780
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Augustine, Florida	City & State 28 Lakeland, Florida
Zip 24 32095 / Country 25 USA	Zip 29 33807 / Country 30 USA

4. FEI Number: 59-3138818 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Peter A. McFarlane
5015 S. Florida Avenue
Lakeland, Florida 33813

10. Name and Address of New Registered Agent

81 Name: L. Michael Milbrath
82 Street Address (P.O. Box Number is Not Acceptable): 1301 N.E. 14th Street
83
84 City: Ocala FL 85 Zip Code 34470

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] April 6, 1995
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		1 1 TITLE	President, Director	[X] Change [ ] Addition
NAME		1 2 NAME	Harold F. Haaser	
STREET ADDRESS		1 3 STREET ADDRESS	1125 US Highway 98 South, Suite 200	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	Lakeland, Florida 33801	
TITLE		2 1 TITLE	Robert L. Joyner-Sec., Treas.	[X] Change [ ] Addition
NAME		2 2 NAME	3455 Coastal Highway	
STREET ADDRESS		2 3 STREET ADDRESS	St. Augustine, Florida 32095	
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE		3 1 TITLE		[ ] Change [ ] Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS	TIS 4/26/95	
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		[ ] Change [ ] Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE	400001456564	[ ] Change [ ] Addition
NAME		5 2 NAME	-04/27/95--01054--001	
STREET ADDRESS		5 3 STREET ADDRESS	****226.25 ****226.25	
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		[ ] Change [ ] Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] President April 6, 1995 (813)686-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #