

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 420553 (0)

1. Corporation Name
WEST FLORIDA COASTAL PROPERTIES, INC.



Principal Place of Business	Mailing Address
U.S. HWY 98 AT FLA HWY 393 P.O. BOX 1209 SANTA ROSA BEACH FL 32469 P.O. BOX 1716 DESTIN, FL 32540	U.S. HWY 98 AT FLA HWY 393 P.O. BOX 1209 SANTA ROSA BEACH FL 32469 P.O. BOX 1716 DESTIN, FL 32540

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 03/07/1973	3a. Date of Last Report 02/08/1995
4. FEI Number 59-1969036	Applied For <input type="checkbox"/> 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

BENEDICT, PAUL M.
402 CEDAR STREET
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
 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 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 _____ (DATE Registered Agent signature required when in state) _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	BENEDICT, PAUL M.	
STREET ADDRESS	US 98 AT FLA 393 402 Cedar St	
CITY-ST-ZIP	SANTA ROSA BCH FL 32469 DESTIN FL 32541	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BENEDICT, MARGARET C.	
STREET ADDRESS	US 98 AT FLA 393 402 Cedar St	
CITY-ST-ZIP	SANTA ROSA BCH FL 32469 DESTIN, FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 15 June 96 9144 837-2382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAY AND PLACE _____

CR2E034 (3/96)