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 # **652453** **(2)**

1. Corporation Name
WHITE SANDS OF LONGBOAT, INC.

Principal Place of Business
5114 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2006

Mailing Address
5114 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2006

3. Date Incorporated or Qualified: **01/16/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1968853** ☐ Applied For ☐ Not Applicable
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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HANKIN, LAWRENCE M. ATTORNEY
100 NORTH PINEAPPLE, STE. #6
SARASOTA FL 33577

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KLAUBER, MURRAY J.	1.2 NAME	
STREET ADDRESS	1620 GULF OF MEXICO DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHIPMAN, ROBERT	2.2 NAME	
STREET ADDRESS	276 COLONY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG MANITOBA CA	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, MICHAEL	3.2 NAME	
STREET ADDRESS	61 SOUTH BLVD OF PRES	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODY, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	670 FAIRMILE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. VAN COUVER,BC,CAN	4.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EISEMAN, SAUL	5.2 NAME	
STREET ADDRESS	755 S PALM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 is an attachment with an address.

SIGNATURE: [signature] 2/8/96 813/951-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAUL EISEMAN ASST. SECY.

CR2E034 (12/95)