

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 116102 (5)

1. Corporation Name
MANASOTA WATERFRONT CORPORATION



Principal Place of Business: C/O ESTATE MANAGEMENT CO. 40 WALL ST. 47TH FLOOR NEW YORK NY 10005
Mailing Address: C/O ESTATE MANAGEMENT CO. 40 WALL ST. 47TH FLOOR NEW YORK NY 10005

3. Date Incorporated or Qualified: 01/05/1928
3a. Date of Last Report: 03/14/1995
4. FEI Number: 13-2816441
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
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 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: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S SPULER, CAROL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 WALL ST, 47TH FLOOR	1.2 NAME	
STREET ADDRESS	NEW YORK CITY, NY 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LOMBARD, JAMES M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	81 S WASHINGTON DR	2.2 NAME	
STREET ADDRESS	SARASOTA, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COOK, ARTHUR F., JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 DEXTER ST	3.2 NAME	
STREET ADDRESS	DEDHAM, MA 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD HARDIE, JAMES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	430 OLD MILL RD	4.2 NAME	
STREET ADDRESS	PITTSBURG, PA 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KINGSBURY, CURTIS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5789 CRYSTAL SPRINGS DR	5.2 NAME	
STREET ADDRESS	BAINBRIDGE ISL, WASH 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: 3/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)