

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 # 612702 (1)

1. Corporation Name

SILVER SANDS RESTAURANT AND GIFT SHOP, INC.



Principal Place of Business	Mailing Address
P.O. BOX 1001 538 Hwy. 98E P.O. BOX 1321 DESTIN FL 32540 US	P.O. BOX 1321 P.O. BOX 1321 DESTIN FL 32540 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1979	04/21/1995
4. FEI Number	Applied For / Not Applicable
59-1885071	
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

9. Name and Address of Current Registered Agent
MIDDLETON, JAMES W. 216 HOSPITAL DR NE FT WALTON BEACH FL

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 officer or director (if applicable) (Date) _____ Registered Agent signature required after incorporation (Date) _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIPP, FERRELL L. 5 MARLER DRIVE DESTIN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHIPP, FERRELL L. 5 MARLER DRIVE DESTIN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P Shipp, Ferrell L. 209 Beach Drive, Lot 2B DESTIN, FLA. 32541
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	ST Shipp, Ferrell L. 209 Beach Drive, Lot 2B DESTIN, FLA. 32541
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: Ferrell L. Shipp - Ferrell L. Shipp Date: 6/14/96 904-837-9493

PR2E034 (3/96)