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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation		(-)							
DESTIN	N DEVELOPMENT CO., INC).				} (##### #############################	AT 1144 E 1814 A 1 A 11	Ajalı Bla	14 8 18 11 8 18 1 1 1 8 6 1
Dissipal Diss	-1D								
Principal Place of Business Mailing Addre							40 IIII 6741 WIGH		11 A1811 A1A11 1881
CORNER OF AZALES & PALMETTO P.O. BOX 99 DESTIN FL 32540-0099		CORNER OF AZALES & PALMETTO P.O. BOX 99 DESTIN FL 32540-0099			Date Incorporated or Qualified	3a. Date o	floot E	Popod	
						06/07/1979	1	01/19	
2. Principal Pia	Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						* · · · · · · · · · · · · · · · · · · ·		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apr. #, etc.			5. Certificate of Status Desired			Additional
City & State	M-144 (144 (144 (144 (144 (144 (144 (144	City & State				6. Election Campaign Financing			Required
23		28				Trust Fund Contribution			May Be
Zip	Country	Zip	Count	ry		8. This corporation has liability for			
24	25 9. Name and Address of Curren	29 t Registered Agent	30			Florida Statutes Yes 10. Name and Address of New F	No Registered An		
			8	1 Name	 3	10, Marie and Address of New 7	registered Ag	eil	
BONEZZI, ROBERT A				2 Street	+ Addron	ress (P.O. Box Number is Not Acceptable)			
132 INDI	AN BAYOU DR.		L	Silect Ad		5 (1 .O. DOX NOTIOGI IS NOT ACCEPTAL	ле,		
Destin	FL 32541		8	3					
			ä	4 City				85 Z	p Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Horida Stat	utes the above]	Cornoration	no pulmite this elektronest for the pr	FL		7 66
or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was autho	rized by the co	rporation's	s board (of directors. I hereby accept the app	rpose of chang ointment as re	iing its i gisterec	registered office diagent. Lam
SIGNATURE	i, and accept the obligations of, secti	o 1 501 .0000, Florida Status	us.						
S	Signature, typed or printed name of registered agent		NOTE: Registered Aç	pent signature	required w	ien reinstating)	DATE		
12. TITLE	OFFICERS AND	OF FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			· r
NAME	COBB, HENRY, JR.			1 1 THLE 1.2 NAME				Change	Addition
STREET ADDRESS	4124 OLD LEEDS RD		1.2 NAN	ET ADDRESS	30	COUSS CRIEKE PARK.			
CITY-\$1-ZIP	BIRMINGHAM AL		14 City	- SI - 7/P	Rie	Cross Creek Park MNGHAM, AL 352	/3		
TITLE	P	[]] DELFTE	2 1 1111	E	1211	mindading 110 000	[]	Change	Addition
NAME	Bonezzi, Robert A.		2.2 NAM	2 2 NAME				_	
STREET ADDRESS	132 INDIAN BAYOU DRIVE		2.3 S1RE	ET ADDRESS	.				
CITY-S1-ZIP	DESTIN FL		2 4 CITY	-ST-ZIP	ļ.,				
TITLE		[]] DELETE	3 1 1/11					Change	Addition
NAME STREET ADORESS			3.2 NAM						
STREET ADDRESS				ELLADORESS	· [
CITY-ST-ZIP TITLE	9.11. 1.16. And also compared to the control of the	DELETE	3.4 CITY 4. 1 TITE				<u> </u>	Change	Addition
NAME		Name	4.2 NAM				⊢ l	- migc	
STREET ADDRESS			I I	- ET ADDRESS					
CITY-ST-ZIP			4.4 CHY						
TITLE		[] DELETE	5. 1 T/TL	F				Change	Add-tion
NAME			5.2 NAM	£					İ
STREET ADDRESS			5.3 STRE	ET ADORESS					
CITY-SI-ZIP		F"3 bet Fre	5.4 CITY		.				
TITLE		(iii) Deleje	6 17171					Change	Addition Addition
NAME CIULLI ADDOCCO			6.2 NAMI						
STREET ADDRESS CITY-ST-ZiP			1	ET ADDRESS					
	certify that the information supplied v	vith this fling is voluntarily fu	£4¢∏Y mished and do		alify for t	he exemption stated in Section 119	.07(3)(k). Florid	a Statut	tes. I further

certing that the information indicated on this affiliar 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/94 904 887 1437