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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortriam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name L68055 (7) WATERVIEW ASSOCIATES OF DESTIN INC. Principal Place of Business Mailing Address C/O HENRY W MACLIN, JR C/O HENRY W MACLIN, JR OURFOIL DESTIN FL 32541 DESTIN FL 32541 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1990 05/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54 ME SAME 59-3022738 Not Applicable Suite, Apt #, etc.
200 GVF Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 200 GULF SHOOF THE SHOOTE SPE Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing DESTIN Trust Fund Contribution Added to Fees Country 8. This corporation has hability for intangible tax under s. 199 032, 32541 OK+60051 29 Obut wos 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent -KREAMER, MARY Ta 727 HWY 98 E 82 Box Number is Not Acceptable) DESTIN FL 83 Zip Code **325**4 (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 orectors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 99.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent sign dure required when reinst ting) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)DELETE TITLE DPS 1.17(1) Add tion NAME MACLIN, HENRY W., JR. 1.2 NAME E034 STREET ADDRESS 200 GULFSHORE DR. 1.3 STREET ADDRESS CITY-ST-ZIP **DESTIN FL** 1.4 CITY - ST - ZIP TITLE DELETE 21 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 44 CITY - ST - ZIP TITLE DELFTE 5.1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY - ST - ZIP 5.4 C(TY - ST. Z)P DELETE TITLE 61 101 6 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZiP 14. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutos 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 it 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

SIGNATURE:

that my name appears in Bloc

6/10/96