

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 # L89611 (2)

1. Corporation Name

SOUTHERN DESIGN ASSOCIATES OF DESTIN, INC.



Principal Place of Business

Mailing Address

TOPS'L CENTER
9011 HIGHWAY 96 WEST
DESTIN FL 32541
US

TOPS'L CENTER
9011 HIGHWAY 96 WEST
DESTIN FL 32541
US

3. Date Incorporated or Qualified 07/27/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3019905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

KRAMER, MARY K.
727 HWY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VAN DIVER, SUE C. 35000 EMERALD COAST PKY. DESTIN FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VAN DIVER, CHARLES H III 35000 EMERALD COAST PKY. DESTIN FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D ABBOTT, STEPHEN J. 35000 EMERALD COAST PKY. DESTIN FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ABBOTT, WILLIAM W., JR. 35000 EMERALD COAST PKY. DESTIN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D ABBOTT, WILLIAM W., JR. 35000 EMERALD COAST PKY. DESTIN FL	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D STEINER, JAMES R. 35000 EMERALD COAST PKY. DESTIN FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/96 904-887-3700

CR2E034 (12/95)