

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N46921- (5)**
 1. Corporation Name

1258 WEST BAY DRIVE OFFICE PARK ASSOCIATION, INC



Principal Place of Business
**1258 WEST BAY DRIVE
 LARGO FL 34640**

Mailing Address
**1258 WEST BAY DRIVE
 LARGO FL ~~34640~~
 33770**

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		30

3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3120497	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent
**KERN, DAVID F
 518 LAKEVIEW ROAD
 BUILDING 3
 CLEARWATER FL 34616**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HAICKEN, VIVIAN G	
STREET ADDRESS	1258 WEST BAY DR., #E	
CITY - ST - ZIP	LARGO FL 34640	
TITLE	VD	<input type="checkbox"/>
NAME	HAICKEN, BARRY N	
STREET ADDRESS	1258 WEST BAY DR. E.	
CITY - ST - ZIP	LARGO FL 34640	
TITLE	SD	<input type="checkbox"/>
NAME	HAICKEN, JEREMY	
STREET ADDRESS	1258 WEST BAY DR. E.	
CITY - ST - ZIP	LARGO FL 34640	
TITLE	TD	<input type="checkbox"/>
NAME	HAICKEN, MATTHEW	
STREET ADDRESS	1258 WEST BAY DR. E.	
CITY - ST - ZIP	LARGO FL 34640	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY - ST - ZIP		
2.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY - ST - ZIP		
3.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY - ST - ZIP		
4.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY - ST - ZIP		
5.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY - ST - ZIP		
6.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2	NAME		
6.3	STREET ADDRESS		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vivian Haicken* **6/12/96** **813-588-7662**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)