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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
1258 WEST BAY DRIVE LARGO FL 34640 1258 WEST BAY DRIVE LARGO FL 33770-2240

3. Date Incorporated or Qualified 01/16/1992 3a. Date of Last Report 06/18/1996

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

4. FEI Number 59-3120497 Applied For Not Applicable
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
KERN, DAVID F
516 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 FL 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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAICKEN, VIVIAN G	1.2 NAME
STREET ADDRESS	1258 WEST BAY DR., #E	1.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP 33770
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAICKEN, BARRY N	2.2 NAME
STREET ADDRESS	1258 WEST BAY DR. E.	2.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP 33770
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAICKEN, JEREMY	3.2 NAME
STREET ADDRESS	1258 WEST BAY DR. E.	3.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640	3.4 CITY-ST-ZIP 33770
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAICKEN, MATTHEW	4.2 NAME
STREET ADDRESS	1258 WEST BAY DR. E.	4.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640	4.4 CITY-ST-ZIP 33770
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE OF REGISTERED AGENT: M. Mortham - 4/7-97 (813) 581-6740

CR2E037 (9/96)