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 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P9400003487 (3)

BEACH ACCESS REAL	TY MANAGEMENT INC.
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Principal Place of Business

Mailing Address

P. O. BOX 86144

MADEIRA BEACH FL 33708

MADEIRA BEACH FL 33738

US

3. Date Incorporated or Qualified

3a. Date of Last Report



						01/07/1994	06/20/1995	
2.	Principal Place of	Business	2a. Mailing Add	iress		4. FEI Number 59-3218235	Applied For Not Applicable	
21	Suite, Apt. #, etc 22 City & State		Suite, Apt #, etc 27 City & State 28			5. Certificate of Status Desired Security Fee Required		
23						Election Campaign Financing Trust Fund Contribution Added to Fees		
24	Zip	Country 25	Z _{ip}	Country		8. This corporation has liability for Florida Statutes	r intangible tax under s 199 032. Yes No	
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSS, JUDITH A 14955 GULF BLVD. MADEIRA BEACH FL 33708			81 62 83	82 Street Address (P.O. Box Number is Not Acceptable) 83				
		(0 1	84 City s of Sections 607 0502 and 607 1508. Florida Statutes, the above-named con-		oration submits this statement for the	FL 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, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _	lignor ire, typed or printed name of registered agent and til	r r' applicable (NOT	E. Roy stered Agent signature requir	red when reinstating) DATE
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	N .	DELETE	11 TITLE	Change Addition
NAME	WAGNER, CECIL L		1.2 NAME	
STREET ADDRESS	118 29TH AVE. NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2171116	Change Addition
NAME	ROSS, JUDITH A		2.2 NAME	
STREET ADDRESS	118 20TH AVE. NORTH		2 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		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			3 4. CITY - ST - ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
DITY-ST-ZIP			4 4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME I			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Additio
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
0.111 07 7ID			6 4 CITY - ST - ZIP	alify for the exemption stated in Section 119 07(3)(k), Florida Statutes

4. 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 1 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 array officer or director of the corporation or of or receiver or traffice 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

President Day 2013 398 393

CR2E034 (3/96)