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 # **P94000016320 (1)**

1. Corporation Name

WHITE SANDS PROPERTY MANAGEMENT, INC.

Principal Place of Business

907 KLOSTERMAN RD. EAST
TARPON SPRINGS FL 34689
US

Mailing Address

907 KLOSTERMAN RD. EAST
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified: **03/01/1994**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-3226829** [ ] 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/will, for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

PERKINS, CHRISTINE
907 KLOSTERMAN ROAD E.
TARPON SPRINGS FL 34689

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 Section 607.1803, 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 607.325, Florida Statutes.

SIGNATURE: *Christine Perkins* 4/5/96
SIGNATURE OF CURRENT REGISTERED AGENT (IF CHANGING) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	[ ] DELETE
NAME	PERKINS, ARTHUR	
STREET ADDRESS	1433 CHESTERFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	[ ] DELETE
NAME	PUCKETT, RICHARD	
STREET ADDRESS	P.O. BOX 1681 N/A	
CITY-ST-ZIP	BLOWING ROCK N.	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete as of the date of this report for the purpose of Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 added to the report.

SIGNATURE: *Arthur Perkins* Arthur Perkins 4/5/96 813-934-4654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)