

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 # P94000032160 (1)

1. Corporation Name

CBD OF NW FL, INC.



Principal Place of Business

Mailing Address

350000 EMERALD COAST PKWY
DESTIN FL 32541
US

P. O. BOX 30
DESTIN FL 32540
US

3. Date Incorporated or Qualified
04/28/1994

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEYMOUR, EDWARD H
35000 EMERALD COAST PARKWAY
DESTIN FL 32541

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 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	<input checked="" type="checkbox"/> DELETE
NAME	GRIMSLEY, JAMES W	
STREET ADDRESS	25 WALTER MARTIN RD NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W.	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABBOTT, STEPHEN J	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEYMOUR, EDWARD H	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, JAMES R. JR	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVE, JAMES S	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OLIN, JAMES S.
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 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

1/18/96

Date

Daytime Phone #

CR2E034 (12/95)