

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 # **P94000076760 (5)**

1. Corporation Name
SNOW WHITE BEACHES, INC.



Principal Place of Business: **35000 EMERALD COAST PKWY DESTIN FL 32541 US**
Mailing Address: **P.O. BOX 30 DESTIN FL 32540 US**

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

3. Date Incorporated or Qualified: **10/19/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3274185**
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
**JAMES S. OLIN
35000 EMERALD COAST PKWY
DESTIN FL 32541**

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (must be in ink) _____ Date Registered Agent signature completes filing _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	D	<input checked="" type="checkbox"/> DELETE
1.2 NAME	GRIMSLEY, JAMES W	
1.3 STREET ADDRESS	25 WALTER MARTIN RD NE	
1.4 CITY, ST, ZIP	FT WALTON BEACH FL 32548	
2.1 TITLE	PD	<input type="checkbox"/> DELETE
2.2 NAME	JAMES S. OLIN	
2.3 STREET ADDRESS	35000 EMERALD COAT PKWY	
2.4 CITY, ST, ZIP	DESTIN FL	
3.1 TITLE	STD	<input type="checkbox"/> DELETE
3.2 NAME	EDWARD H. SEYMOUR	
3.3 STREET ADDRESS	35000 ER-MERALD COAST PKWY	
3.4 CITY, ST, ZIP	DESTIN FL	
4.1 TITLE	VD	<input type="checkbox"/> DELETE
4.2 NAME	CARMELA BELL	
4.3 STREET ADDRESS	35000 EMERALD COAST PKWY	
4.4 CITY, ST, ZIP	DESTIN FL	
5.1 TITLE	D	<input type="checkbox"/> DELETE
5.2 NAME	BRUCE CRAUL	
5.3 STREET ADDRESS	35000 EMERALD COAST PKWY	
5.4 CITY, ST, ZIP	DESTIN FL	
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied on 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 its receiver or trustee, 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 it changed, or an additional agent with an address.

SIGNATURE: *James S. Olin* **JAMES S. OLIN** x 2/12/96 x 837-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING TELEPHONE NUMBER

CR2E034 (12/95)