

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034815 (6)
1. Corporation Name
CASABLANCA ON THE BEACH DEVELOPMENT CORPORATION



Principal Place of Business 890 PINELLAS BAYWAY TIERRA VERDE FL 33715	Mailing Address 890 PINELLAS BAYWAY TIERRA VERDE FL 33715-2151
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report
				4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COX, RAYBON E 890 PINELLAS BAYWAY TIERRA VERDE FL 33715		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP COX, RAYBON E 890 PINELLAS BAYWAY TIERRA VERDE FL 33715	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, RAYBON E	1.2 NAME	
STREET ADDRESS	890 PINELLAS BAYWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	
TITLE	DV COX, DEREK D 986 MONTICELLO CT E GREENWOOD IN 46142	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, DEREK D	2.2 NAME	
STREET ADDRESS	986 MONTICELLO CT E	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD IN 46142	2.4 CITY-ST-ZIP	
TITLE	DST COX, JUDITH L 890 PINELLAS BAYWAY TIERRA VERDE FL 33715	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JUDITH L	3.2 NAME	
STREET ADDRESS	890 PINELLAS BAYWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAYBON E. COX 1-6-97 813 866 2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)