FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S95205 **DOCUMENT #**

(8)

SILVER SANDS THREE DEVELOPMENT, INC.



Principal Place of 3700 POMPA ST PETERSB			tailing Address 3700 POMPANO DR SE ST PETERSBURG FL 33705			1 10011010 112 12121 21110 11011			21211 47211 47211 1331	
						3. Date Incorporated or Qualified	3a. Date	34/03	/1995	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3097629			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Country 30			8. This corporation has liability for		k unde	s 199.032,		
24	25 29					Fiorida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New F	registered A	gent		
MAMAE	FEY, MARK T.			01						
	OMPANO DR SE			82 Street Addr		dress (P.O. Box Number is Not Acceptat	ole)			
	ERSBURG FL 33705			83						
			ŀ	84	City			85	Zip Code	
					•	oration submits this statement for the pu	<u> </u>			
SIGNATURE	and accept the obligations of, Soct- getire type for priced name of regulated a poli- OFFICERS AN	authorapphate (t DIDRECTORS		l Aspent	signature requi	est with renetaling ADDITIONS/CHANGES TO OFF				
TIFLE	NAMES OF T	DELETE		ITLE] Chan	ge 🔲 Addition	
NAME	MAHAFFEY, MARK T. 3700 POMPANO DRIVE SE		1.2 N/	AME						
STREET ADDRESS	ST. PETERSBURG FL				ADDRESS					
CITY-ST-ZIP	- V	☐ DELETE		1Y - S'	- 7IP		-	Char	ge Addition	
THILE	DEMETREE, WILLIAM C			2 1 TITLE 2 2 NAME			L		ge [] nomen	
NAME STREET ADDRESS	3348 EDGEWATER DRIVE				ADDRESS					
CITY-ST-ZIP	orlando fl		•	2 4 City - St - ZIP						
TITLE		☐ DELETE	3 1 1				Ε) Char	ge 🔲 Addition	
NAME	MAHAFFEY, JAMES W.		3 2 N	AME						
STREET ADDRESS	731 JAMESTOWN DRIVE WINTER PARK FL		33 S	TREET	ADDRESS					
CrTY-ST-ZiP	WINIER FARN FL			m·s	1 · ZIF		<u></u>	7 (500	Addition	
TITLE		DELETE	4 1 1		ļ		L] Char	nge 🔲 Addition	
NAMÉ			42 N		4853500					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5 1 1	11 Y - S 111: E	1 · Zir			Char	nge 🔲 Addition	
NAME		٠١٠	5.2 N				-	-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				IIY - S	l .					
TITLE		DELETÉ	6 1 7	TITLE				Chai	nge 🔲 Addition	
NAME			62 N	iAME	1					
STREET ADDRESS			63S	TREET	ADDRESS					
CITY-ST-ZIP			640	JTY - S	T-ZIP		503000 5		1.4.4.	
14 Ldo hereby	certify that the information supplied	with this filing is voluntarily fu	imished and	i doe	s not qualify	y for the exemption stated in Section 119	э.u7(3)(к), FK	яюа S	tatutes. 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: DOWN D MULLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

MAY K. T. Wahaffey

CR2E034 (12/95)