

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

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 272924 (2)**  
 1. Corporation Name  
**GULFPORT GUARANTY & FIDELITY CORPORATION**

Principal Place of Business PO BOX 012949 MIAMI FL 33101-2494 US	Mailing Address PO BOX 012949 MIAMI FL 33101 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>06/20/1963</b>	
4. FEI Number <b>59-1100427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KATHLEEN CROGAN**  
**100 S. BISCAYNE BLVD**  
**STE 1100**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>KATHLEEN CROGAN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S. BISCAYNE BLVD,</b>	
83 # <b># 1100</b>	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33131</b>

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 *Kathleen Crogan* **KATHLEEN CROGAN** **6/8/98**  
Signature (handwritten or printed name of registered agent and title in capital letters) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>SVD</b>	NAME <b>KATHLEEN CROGAN</b> <input type="checkbox"/> DELETE
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY-ST-ZIP <b>MIAMI FL 33131</b>
TITLE <b>PD</b>	NAME <b>HOLLO, TIBOR</b> <input type="checkbox"/> DELETE
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY-ST-ZIP <b>MIAMI FL</b>
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>S. V. D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>KATHLEEN CROGAN</b>
1.3 STREET ADDRESS <b>100 S. BISCAYNE BLVD # 1100</b>
1.4 CITY-ST-ZIP <b>MIAMI FL 33131</b>
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 <b>300002566203</b>
6.3 STREET ADDRESS <b>-06/19/98--01107--018</b>
6.4 CITY-ST-ZIP <b>***150.00</b>

14. I 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 checked, or on an attachment with an address.

SIGNATURE *Kathleen Crogan* **KATHLEEN CROGAN** **4/2/98**

CR2E034 (10/97)