

**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 <b>PO BOX 012949 MIAMI FL 33101-2494 US</b>	Mailing Address <b>PO BOX 012949 MIAMI FL 33101 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/20/1963**

4. FEI Number  
**59-1100427**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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 KATHLEEN CROGAN</b> <input type="checkbox"/> DELETE
NAME	<b>KATHLEEN CROGAN</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD,</b>
CITY-ST-ZIP	<b>MIAMI FL # 1100 MIAMI, FL 33131</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLO, TIBOR</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
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	<b>300002566203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-06/19/98--01107--018</b>
6.3 STREET ADDRESS	<b>***150.00</b>
6.4 CITY-ST-ZIP	

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)