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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J84160

(7)

GULF C		EKLIES, INC.	(.	,							
Principal Plac	e of Busines	S	Mailing Addres	Mailing Address				A LOGICAL DEDA NOTA BIRDI ATDIO MICH DOLL		UIDII BIBNI DIDII	DIDII IFBI
2510 DEL PRADO BLVD CAPE CORAL FL 33904-750 US				2510 DEL PRADO BLVD CAPE CORAL FL 33904-5750 US							
								 Date Incorporated or Qualified 07/24/1987 	1 .	Date of Last F /01/1996	teport
Principal Place of Business The Principal Place of Business The Principal Place of Business			2a. Mailing Add	2a. Mailing Address 26				4. FE1 Number 59-2824932		<u> </u>	pplied For ot Applicable
Suite, Apt. #, etc.			Suite, Apt. 1	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			City & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25		7ip 29	29] 30		,			ty for intangible tax under s. 199.032, ☑ Yes ☐ No		
	9. Name	and Address of (Current Registered Agent					10. Name and Address of New Re	gisterec	J Agent	
	ry pappas				81	Name	:				
2510 DEL PRADO BLVD CAPE CORAL FL 33904					82	Street	Addres	s (P.O. Box Number is Not Acceptal	ole)		
					83						
					84	City			FI	85 Ζιρι	Code
11. Pursuant office or r agent. I a	to the provisi registered ag im familiar wi	ions of Sections 60 ent, or both, in the th, and accept the	07.0502 and 607.1508, Flor State of Florida. Such cha obligations of, Section 607	ida Statutes nge was aut 2.0505, Florid	The above thorized by da Statutes	o-named the con	d corpor rporation	ation submits this statement for the pairs board of directors. I hereby acce	ourpose of the ap	of changing it pointment as	ts registered registered
SIGNATURE	Signature bused	Or posted press of registe	rcd agent and title it applicable.	eion. r	On additional Access			when reinstating)			
12.	o granov, njivo		RS AND DIRECTORS	(10.71.)	13.	at Signature	e regules	ADDITIONS/CHANGES TO OFFIC	DATE DERS AN	ID DIRECTOR	3S IN 12
TITLE	PD			FLETE	1.1 TITLE					Change	Addition
NAME	nutting,	G. OGDEN			1.2 NAME		1				
STREET ADDRESS	1500 MAII				1.3 STREET	ADDRESS					
CITY-ST-ZIP	WHEELIN	<u>g wv</u>			1.4 CHY-S	1 - 718'					
TITLE	VD		[] [□ DELETE 21		21 TITLE				☐ Change	☐ Addition
NAME		WILLIAM C.			2 2 NAME						
STREET ADDRESS	1500 MAII					2 3 STREET ADDRESS					
CITY-ST-ZIP	WHEEUN SD	G WV	·	ELETE	2 4 CHY-S	31 - ZIP	ļ				·
NAME		WILLIAM O.	<u>.</u>	KILIE	317/1					L Change	Addition
STREET ADDRESS	1500 MAII				3 2 NAME	LODDEGO					
CITY-ST-ZIP	WHEELING				3.3 \$1REC1						
TITLE	VD	<u> </u>		ELFTE	3.4. CITY - S 4.1 TITLE	ol·ZIP				Change	Addition
NAME		ROBERT M.			4. 2 NAME					C Surange	L Notition
STREET ADDRESS	1500 MAII				4.3 STREET	ADDRECC					
CITY-ST-ZIP	WHEELIN				4.4 CITY - S						
TITLE	T			ELETE	5.1 1111.6		1			Change	Addition
NAME	WITTMAN	, DUANE D			5.2 NAME		1			- •	'
STREET ADDRESS	1500 MAII				5.3 STREET	ADDRESS					
CITY-\$T-ZIP	WHEELING	G WV			5.4 CITY - ST						
TITLE				ELETE	6.1 TITLE		1			Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					

14. I do hereby certify that the information supplied with this filling 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.

64 CHY- \$1 - 71P

May 19 1997 8:00am

Secretary of State