

**FILE NOW: FILING FEE AFTER MAY 1 IS \$2200**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthwa  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K37191 (9)**  
1. Corporation Name  
**GULF INSURANCE ASSOCIATES, INCORPORATED**



Principal Place of Business

% ALESA A. AMADEO  
503 MARSHALL ST.  
CLEARWATER FL 34615

Mailing Address

% ALESA A. AMADEO  
503 MARSHALL ST.  
CLEARWATER FL 34615

2. Principal Place of Business

21 29811 US 19 N.  
Suite, Apt. #, etc.

2a. Mailing Address

26 29811 US 19 N.  
Suite, Apt. #, etc.

City & State

23 CLEARWATER FL

City & State

27 CLEARWATER FL

Zip

24 34621

Country

25 FLORIDA

Zip

29 34621

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

AMADEO, ALESA A.  
112 KATHLEEN COURT  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

10/06/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2910851

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE P  
NAME AMADEO, ALESA A.  
STREET ADDRESS 112 KATHLEEN COURT  
CITY-ST-ZIP TARPON SPRINGS FL

DELETE

TITLE V  
NAME GIACINTO, VINCENT M.  
STREET ADDRESS 112 KATHLEEN COURT  
CITY-ST-ZIP TARPON SPRINGS FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
GIACINTO, VINCENT M.  
10624 TARPON SPRINGS RD.  
ODESSA FL. 33556

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALESA A. AMADEO 4/30/96 813 784-8989

Date

Daytime Phone #

CR2E034 (12/95)