

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra E. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27435 (9)
1. Corporation Name
GULF BREEZE ARTS, INC.



Principal Place of Business P.O. BOX 52 GULF BREEZE FL 32562-7052	Mailing Address P.O. BOX 52 GULF BREEZE FL 32562-0052
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 05/16/1996
21	26	4. FEI Number 59-2913268		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PACE, ROYANNE 2933 BAY ST. GULF BREEZE FL 32561				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDIS, ARNIE	1.2 NAME	PATRICIA BURNAY
STREET ADDRESS	1166 SAWGRASS DR.	1.3 STREET ADDRESS	3504 WILLOW LAKE
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	V. PRAC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, ROYANNE	2.2 NAME	CAROL HOLLAND-DOYLE
STREET ADDRESS	2933 BAY ST.	2.3 STREET ADDRESS	4724 HICKORY SHORES BLVD
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, LECILLE	3.2 NAME	DONA STENSTROM
STREET ADDRESS	21 VIA DE LUNA #408	3.3 STREET ADDRESS	118 HARBOR LN
CITY-ST-ZIP	PENSACOLA BEACH FL	3.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-14-97** DAYTIME PHONE # **904 932-5939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/96)