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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27435

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 32562-7052
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/14/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2913268
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PACE, ROYANNE
 2933 BAY ST.
 GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: APRIL DELATTE
 82 Street Address (P.O. Box Number is Not Acceptable): 4760 PEACOCK DR
 83
 84 City: PENSACOLA FL 85 Zip Code: 32504

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: *April Delatte* (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/99

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: BURNEY, PATRICIA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3504 WILLOW LANE	CITY-ST-ZIP: GULF BREEZE FL	
TITLE: VPD	NAME: PACE, ROYANNE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 2933 BAY ST.	CITY-ST-ZIP: GULF BREEZE FL	
TITLE: SD	NAME: STENSTROM, DONA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1118 HARBOR LANE	CITY-ST-ZIP: GULF BREEZE FL	
TITLE: VPD	NAME: HOLLAND-DOYLE, CAROLE	<input type="checkbox"/> DELETE
STREET ADDRESS: 4724 HICKORY SHORES BLVD.	CITY-ST-ZIP: GULF BREEZE FL	
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: JERRY Lewis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: JERRY Lewis	
1.3 STREET ADDRESS: 92 FAIRPOINT DR	
1.4 CITY-ST-ZIP: GULF BREEZE 32561	
2.1 TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: EILEEN Schooley	
2.3 STREET ADDRESS: 805 PAINGIANYA WAY DR	
2.4 CITY-ST-ZIP: GULF BREEZE 32561	
3.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: CAROL JORDAN	
3.3 STREET ADDRESS: PO. 718	
3.4 CITY-ST-ZIP: Gulf Breeze 32561	
4.1 TITLE: TRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: APRIL DELATTE	
4.3 STREET ADDRESS: 4760 Peacock Dr	
4.4 CITY-ST-ZIP: Pen. Fl. 32504	
5.1 TITLE: TRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: BETTY DRUE	
5.3 STREET ADDRESS: 4760 Peacock Dr.	
5.4 CITY-ST-ZIP: Pen 32504	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *April Delatte* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/21/99 DAYTIME PHONE #:

CR2E037 (1/98)