

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000006300 (5)

1. Corporation Name

GSBR SUNSET BEACH, INC.



Principal Place of Business

GLADES BLDG., SUITE 303  
877 EXECUTIVE CENTER DR.W.  
ST. PETERSBURG FL 33702

Mailing Address

GLADES BLDG., SUITE 303  
877 EXECUTIVE CENTER DR.W.  
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified  
01/26/1994

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 2201 Gulf Dr. N.

2a. Mailing Address

26 2103 Gulf Dr. N.

4. FEI Number  
59-3224220

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

23 Bradenton Beach, FL

City & State

28 Bradenton Beach, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

24 34217

Country

25 US

Zip

29 34217

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCARA, ERNEST L  
GLADES BLDG., SUITE 303  
877 EXECUTIVE CENTER DR.W.  
ST. PETERSBURG FL 33702

81 Name Robert Sally  
82 Street Address (P.O. Box Number is Not Acceptable) 2103 Gulf Dr. N.  
83  
84 City Bradenton Beach FL 85 Zip Code 34217

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.1505, Florida Statutes.

SIGNATURE

*Robert Sally*

*Robert Sally*

620-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SALLY, ROBERT J	
STREET ADDRESS	2103 GULF DRIVE	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURNS, BRIAN	
STREET ADDRESS	2103 GULF DRIVE	
CITY-ST-ZIP	BRADENTON FL 34217	
TITLE	DSTS	<input type="checkbox"/> DELETE
NAME	<i>Gulf Dr.</i> BURNS, KAREN	
STREET ADDRESS	2103 GULF DRIVE	
CITY-ST-ZIP	BRADENTON FL 34217	
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		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	DSTS BURNS, Karen
11. STREET ADDRESS	2103 Gulf Dr. N.
12. CITY-ST-ZIP	Bradenton Beach, FL 34217
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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: *Karen Burns* Karen Burns

07-01-96

941-778-1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (12/95)