

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000072134 (5)
 1. Corporation Name
GULF TERRA, INC.



Principal Place of Business
**4616-B BELLVIEW AVE
 PENSACOLA FL 32526-0698**

Mailing Address
**P O BOX 37698
 PENSACOLA FL 32526-0698**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 08/29/1996	3a. Date of Last Report
4. FEI Number 59-3406569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROUWER, MICHAEL C
 4616-B BELLVIEW AVE
 PENSACOLA FL 32526-0698**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUWER MICHAEL, C	12 NAME
STREET ADDRESS	4616-B BELLVIEW AVE	13 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32526-0698	14 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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 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]* **4/1/97** **904-511-1197**

CR2E034 (9/96)