

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S46854 (3)
1. Corporation Name
GULF WINDS TRAVEL SERVICE, INC.



Principal Place of Business: **4405 14TH ST. W. BRADENTON FL 34207-5806**
Mailing Address: **4405 14TH ST. W. BRADENTON FL 34207-5806**

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

3. Date Incorporated or Qualified 04/18/1991	3a. Date of Last Report 04/20/1995
4. FEI Number 65-0259552	Applied For <input checked="" type="checkbox"/> 02261 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IBRAHIM, GAMILA S
4405 14TH ST. WEST
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 his or her address

(OFFER) Registered Agent for a fee (see rule 17C1) (not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	V IBRAHIM, GAMILA 4405 14TH ST. WEST BRADENTON FL	12. NAME	
		13. STREET ADDRESS	
		14. CITY-STATE-ZIP	
		21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		22. NAME	
		23. STREET ADDRESS	
		24. CITY-STATE-ZIP	
		31. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		32. NAME	
		33. STREET ADDRESS	
		34. CITY-STATE-ZIP	
		41. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		42. NAME	
		43. STREET ADDRESS	
		44. CITY-STATE-ZIP	
		51. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		52. NAME	
		53. STREET ADDRESS	
		54. CITY-STATE-ZIP	
		61. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-STATE-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: *Gamila S. Ibrahim* **GAMILA S. IBRAHIM 4-6-96 (941)758-3863**

CR2E034 (12/95)