

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V03447** (2)

1. Corporation Name  
**GULF SANDS BEACH RESORT, INC.**



Principal Place of Business: **1820 S HIGHLAND AVE CLEARWATER FL 34616**  
Mailing Address: **1820 S HIGHLAND AVE CLEARWATER FL 34616**

3. Date Incorporated or Qualified: **01/01/1992**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-3103591**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **437 St. Andrews**  
2a. Mailing Address: **437 St. Andrews**  
21. Suite, Apt. #, etc.:  
22. City & State: **Belleair FL**  
23. City & State: **Belleair FL**  
24. Zip: **34616** Country: **USA**  
25. Zip: **34616** Country: **USA**

9. Name and Address of Current Registered Agent  
**PEACOCK, RAY  
655 GULFVIEW BLVD.  
CLEARWATER FL 34630**

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 of Registered Agent required after re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WAKELY, FRANCES</b>	
STREET ADDRESS	<b>437 ST ANDREWS</b>	
CITY-STATE-ZIP	<b>BELLEAIR FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WAKELY, DAVID N</b>	
STREET ADDRESS	<b>1820 SO HIGHLAND AVE</b>	
CITY-STATE-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SO</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLLON, WARREN</b>	
STREET ADDRESS	<b>3348 STIRLING RD</b>	
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MALKE, ROBERT</b>	
STREET ADDRESS	<b>316 BLUFFVIEW DR</b>	
CITY-STATE-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITNEY, GEORGE</b>	
STREET ADDRESS	<b>796 NINA DR</b>	
CITY-STATE-ZIP	<b>TIERRA VERDE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TECHTMANN, HERBERT</b>	
STREET ADDRESS	<b>220 W BEREEN CT</b>	
CITY-STATE-ZIP	<b>MILWAUKEE WI</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 or person 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/21/96** Daytime Phone #

CR2E034 (12/95)