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**Feb 14 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 # V03447 (2)
1. Corporation Name
GULF SANDS BEACH RESORT, INC.



Principal Place of Business
437 S. ANDREWS BELLEAIR FL 34616 US

Mailing Address
437 ST. ANDREWS BELLEAIR FL 34616-1924 US

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **01/26/1996**

4. FEI Number **59-3103591** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$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 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 30 Country

24 25 29 30

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 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**D WAKELY, FRANCES
437 ST ANDREWS
BELLEAIR FL**

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**PD WAKELY, DAVID N
1820 SO HIGHLAND AVE
CLEARWATER FL**

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**SD GOLLON, WARREN
3348 STIRLING RD
PALM HARBOR FL**

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**D MALKE, ROBERT
316 BLUFFVIEW DR
BELLEAIR BLUFFS FL**

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**D WHITNEY, GEORGE
796 NINA DR
TIERRA VERDE FL**

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

**D TECHTMANN, HERBERT
220 W BEREEN CT
MILWAUKEE WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *Frances Wakely, David N. Wakely* 7/0/97 813-461-0537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)