

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/01/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3103591	
24	Country	29	Country	Applied for Not Applicable	
25		30		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	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEACOCK, RAY 655 GULFVIEW BLVD. CLEARWATER FL 34630				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WAKELY, FRANCES		1.2 NAME				
STREET ADDRESS	437 ST ANDREWS		1.3 STREET ADDRESS				
CITY-ST-ZIP	BELLEAIR FL		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WAKELY, DAVID N		2.2 NAME				
STREET ADDRESS	1820 SO HIGHLAND AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOLLON, WARREN		3.2 NAME				
STREET ADDRESS	3348 STIRLING RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MALKE, ROBERT		4.2 NAME				
STREET ADDRESS	316 BLUFFVIEW DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	BELLEAIR BLUFFS FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITNEY, GEORGE		5.2 NAME				
STREET ADDRESS	796 NINA DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	TIERRA VERDE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TECHTMANN, HERBERT		6.2 NAME				
STREET ADDRESS	220 W BEREEN CT		6.3 STREET ADDRESS				
CITY-ST-ZIP	MILWAUKEE WI		6.4 CITY-ST-ZIP				

14. I 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; that 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 in an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 1/15/98 813 461-0537

CR2E034 (10/97)