

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V05089** (0)
1. Corporation Name
GSBR, INC.



Principal Place of Business
**2103 GULF DR.
BRADENTON BEACH FL 34217
US**

Mailing Address
**POST OFFICE BOX 22096
ST. PETERSBURG FL 33742
US**

3. Date Incorporated or Qualified
01/09/1992

3a. Date of Last Report
04/25/1995

4. FEI Number
59-3099446

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24

2a. Mailing Address
26
2103 Gulf Dr. N.
Suite, Apt. #, etc.
27
Bradenton Beach, FL.
City & State
28
Zip
Country
29
34217
30
US

g. Name and Address of Current Registered Agent
**MASCARA, ERNEST L
877 EXECUTIVE CENTER DRIVE WEST
GLADES BUILDING, SUITE 303
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name **Robert Sally**
82 Street Address (P.O. Box Number is Not Acceptable)
2103 Gulf Dr. N.
83
84 City **Bradenton Beach,** FL 85 Zip Code **34217**

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 *Robert Sally* **Robert Sally** president **06-20-96**
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SALLY, ROBERT J	
STREET ADDRESS	13 STAPLEDON CRESCENT	
CITY-ST-ZIP	NAPEAN, ONTARIO CA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BURNS, BRIAN P	
STREET ADDRESS	2103 GULF DR.	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BURNS, BRIAN P
3. STREET ADDRESS	2103 Gulf Dr.
4. CITY-ST-ZIP	Bradenton Beach, FL, 34217
1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	DST Karen Burns
3. STREET ADDRESS	2103 Gulf Dr.
4. CITY-ST-ZIP	Bradenton Beach, FL 34217
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-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)(b), 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: *Karen Burns* **Karen Burns** **07-01-96 941-778-1237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Area Phone #)

CR2E034 (12/95)