

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

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 135221 (0)	
1. Corporation Name GULF BEACH CLUB INC	

**APPROVED
AND
FILED
95 MAY - 1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**400001522194
-06/23/95--01077-003
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 16700 GULF BLVD P.O. BOX 1379 N. REDINGTON BEACH FL 33708 US	Mailing Address 9 WEST 9TH STREET P.O. BOX 1379, N/A TULSA OK 74101 US	3. Date Incorporated or Qualified 01/01/1987	3a. Date of Last Report 03/02/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0531546	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<input type="checkbox"/> This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent MOORE, TUCKER 16700 GULF BLVD. N. REDINGTON BEACH FL 33708		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, typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when translating

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	V MOORE, C. T. 16700 GULF BLVD. N. REDINGTON BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	PST MOORE, C. T. 16700 GULF BLVD. N. REDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD CARTWRIGHT, MARY K. 5309 E PALOMINO RD PHOENIX AZ	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	VD CARTWRIGHT, MARY K. 5309 E. PALOMINO RD, PHOENIX, AZ 85018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MOORE, MELISSA A. 16700 GULF BLVD N. REDINGTON BEACH FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	VD MOORE, MELISSA A. 16700 GULF BLVD. N. REDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	V B. A. A. MOHR P.O. BOX 1724 N/A ST. PETERSBURG, FL 33731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	4/27/95 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Statute. 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:

(Signature and typed or printed name of signing officer or director)

4-27-95

Date Digital Filing

135221

EMMONS & HARTOG, P.C.
Certified Public Accountants

GULF BEACH CLUB, INC

FEIN 59-0531546

A STATEMENT ATTACHED TO AND MADE PART OF

FORM C22E034

The foregoing was prepared by the undersigned or under his direction. The facts stated therein were obtained from the taxpayer's records and other sources considered to be reliable and are believed to be true and correct, although the preparer does not know such facts of his own knowledge.

Date: 2/16/95

Dorothy D. Carson

Representative of:
Emmons & Hartog, P.C.
5310 East 31 Street
Suite 400
Tulsa, Oklahoma 74135-5027
Fed. ID #73-1432751

Social Security Number 449-39-1625