

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 272924 (2)  
1. Corporation Name  
GULFPORT GUARANTY & FIDELITY CORPORATION

Principal Place of Business

Mailing Address

PO BOX 012949  
MIAMI FL 33101-2494  
US

PO BOX 012949  
MIAMI FL 33101  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1963	Applied For Not Applicable
4. FEI Number 59-1100427	
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KATHLEEN CROGAN~~  
100 S. BISCAYNE BLVD  
STE 1100  
MIAMI FL 33131

81 Name KATHLEEN CROGAN	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 100 S. BISCAYNE BLVD.	
83 # 1100	
84 City MIAMI	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 Kathleen Crogan KATHLEEN CROGAN 6/8/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KATHLEEN CROGAN <input type="checkbox"/> DELETE <del>KATHLEEN CROGAN</del> 100 S. BISCAYNE BLVD. # 1100 MIAMI, FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S. V. D. KATHLEEN CROGAN 100 S. BISCAYNE BLVD # 1100 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLO, TIBOR 100 S. BISCAYNE BLVD. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	3000002566203 -06/19/98--01107--018 ***150.00

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 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 Kathleen Crogan KATHLEEN CROGAN 4/2/98

CR2E034 (10/97)