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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 08 1998 8:00am
Secretary of State

DOCUMENT # 499578 (3)

1. Corporation Name
GRAND BAHAMA ISLAND PROMOTION BOARD, INC.

[redacted]

Arrendrient
DO NOT WRITE IN THIS SPACE

Principal Place of Business
PO BOX F40650
FREEPORT GRAND BAHAMA ISLAND

Mailing Address
PO BOX F40650
FREEPORT GRAND BAHAMA ISLAND

3. Date Incorporated or Qualified
03/31/1976

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-1652686
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CARLSON, SHARON CPA
2801 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES FL 33134

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	JOHNSON, DAVID L	
STREET ADDRESS	INTERNATIONAL BAZAAR	
CITY-ST-ZIP	FREEPORT, BAHAMAS	
TITLE	C	☐ DELETE
NAME	MILLER, ALBERT	
STREET ADDRESS	INTERNATIONAL BAZAAR	
CITY-ST-ZIP	FREEPORT, BAHAMAS	
TITLE	D	☐ DELETE
NAME	BARNET, ANDREW R	
STREET ADDRESS	P.O. BOX 22857	
CITY-ST-ZIP	FT. LAUDERDALE FL 33335	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Executive Vice President	☒ Change ☐ Addition
12 NAME	Johnson, David L.	
13 STREET ADDRESS	P.O.Box F-40650 (N/A)	
14 CITY-ST-ZIP	Freeport, Grand Bahama Bahamas. (N/A)	
21 TITLE	Chairman	☒ Change ☐ Addition
22 NAME	Miller, Albert J.	
23 STREET ADDRESS	P.O.BOX F-40251 (N/A)	
24 CITY-ST-ZIP	Freeport, Grand Bahama Bahamas. (N/A)	
31 TITLE	Treasurer	☒ Change ☐ Addition
32 NAME	Barnett, Andrew R.	
33 STREET ADDRESS	P.O.Box 22857 (N/A)	
34 CITY-ST-ZIP	Ft. Lauderdale FL 33335 (N/A)	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: [signature] 1/2/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000028