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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02574

1. Corporation Name

GULF BEACH TRAVEL SERVICE, INC.

Principal Place of Business 14995 GULF BLVD. D MADEIRA BCH FL 33708 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/21/1980 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, e	cable nal
D MADEIRA BCH FL 33708 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 10/21/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2035300 Applied Not Applied 59-2035300 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition Fee Requires City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee	cable nal
MADEIRA BCH FL 33708 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 10/21/1980 10/21/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 59-2035300 Not App Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition 22 27 Fee Require City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May 23 28 Trust Fund Contribution Added to Fee	cable nal
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27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fee	
City & State City & State 6. Election Campaign Financing 55.00 May 7 Trust Fund Contribution Added to Fee	ie [
23 Trust Fund Contribution Added to Fee	1
Zip Country Zip Country 8. This corporation owes the current year Intandible	3
24 25 29 30 Personal Property Tax.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
BROWN, LESLIE	
14995 GULF BLVD., STE. D 82 Street Address (P.O. Box Number is Not Acceptable)	
MADEIRA BCH FL 33708	
84 City 85 Zip Code	
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 registance.	ered
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	.0
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
THE POP	Addition {
NAME MILLER, RONNIE H. 12 NAME	
STREET ADDRESS 14995 GULF BLVD., STE. D 1.3 STREET ADDRESS	}
CITY-ST-ZIP MADEIRA BEACH FL 1.4 CITY-ST-ZIP	A 4144
	Addition
NAME BROWN, LESLIE S. 22 NAME	-
STREET ADDRESS 4495 GULF BLVD., STE. D 2.3 STREET ADDRESS	
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CITY-ST-ZIP - MADEIRA BEACH FL. 2.4 CITY-ST-ZIP	Addition
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CITY-ST-ZIP - MADEIRA BEACH FL. 2.4 CITY-ST-ZIP TITLE DV DELETE 3.1 TITLE NAME PASCIA, JAMES T. 1.2 NAME 1.2 NAME 1.3 NAME	Addition
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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 of 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP