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PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block-18 if changed or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

7 Jan 1997 407-727-7973

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997
DOCUMENT # H46693

(8)

**GULF COMMUNICATIONS INTERNATIONAL, INC.** 

Principa: Place of Business Maling Address P.O. BOX 060849 P.O. BOX 060849 PALM BAY FL 32906-0849 PALM BAY FL 32906 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1985 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2504763 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country  $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TODO, CINDY LEE /odd 1854 ARDMORE STREET NE Street Address (P.O. Box Number is Not Acceptable) 82 Ardmore PALM BAY FL 32907 83 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 agent. Julin familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. Jesse jertanijsje tappicab Toda President SIGNATUE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change DELETE TULE 1.1 TITLE TODD, JESSE NAME 1.2 NAME R2E034 1854 ARDMORE STREET NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 1.4 CITY - ST - ZIP DELETE Change Addition THE 2.1 TO LE ACKER, JACK F. NAME 2.2 NAME 9370 OLD SOUTHWICK PASS 2.3 STREET ADDRESS STREET ADDRESS alpharetta ga 2 4 CITY - ST - ZIP CITY - ST - ZIE DELETE Change Addition TITLE 3.1 TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-51-20-DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS Cify - ST- 7IP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAM 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - 789

14. I do hereby certify that the information supplied with this filing coes 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