

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J03787 (5)**
1. Corporation Name
GULFSHORE SPORT STORE, INC.



Principal Place of Business: **C/O PATRICIA MCKENNA 7686 - 49TH STREET NORTH PINELLAS PARK FL 34665**
Mailing Address: **C/O PATRICIA MCKENNA 7686 - 49TH STREET NORTH PINELLAS PARK FL 34665**

3. Date incorporated or Qualified: **03/13/1986**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2048214**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**MCKENNA, MIKE
1500 COUNTRY CLUB RD NO
ST. PETERSBURG FL 33710**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME: P MCKENNA, MICHAEL A.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 7686 49TH ST. NO	
12.3 CITY-STATE-ZIP: PINELLAS PARK FL	
12.4 NAME: _____	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS: _____	
12.6 CITY-STATE-ZIP: _____	
12.7 NAME: _____	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS: _____	
12.9 CITY-STATE-ZIP: _____	
12.10 NAME: _____	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS: _____	
12.12 CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY-STATE-ZIP: _____	
13.5 TITLE: Sec. / Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME: Kathy A. McKenna	
13.7 STREET ADDRESS: 7686 49th St No	
13.8 CITY-STATE-ZIP: Pinellas Park, FL 34665	
13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY-STATE-ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY-STATE-ZIP: _____	
13.17 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME: _____	
13.19 STREET ADDRESS: _____	
13.20 CITY-STATE-ZIP: _____	

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 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: Michael A. McKenna 1/18/96 (813) 541-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed Phone #

CR2E034 (12/95)