

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J28520**

(1)

1. Corporation Name

GULF TREK, INC.

Principal Place of Business

**2115 63 AVE E
BRADENTON FL 34203
US**

Mailing Address

**2115 63RD AVE EAST
BRADENTON FL 34203
US**



2. Principal Place of Business

**21
Suite, Apt. #, etc.**

2a. Mailing Address

**26
Suite, Apt. #, etc.**

22. City & State

**23
Zip**

27. City & State

**28
Zip**

9. Name and Address of Current Registered Agent

**BREAUX, MARY M.
2115 63 AVE E
BRADENTON FL 34203**

3. Date Incorporated or Qualified
08/12/1986

3a. Date of Last Report
04/13/1995

4. FEI Number

59-2712785

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 has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81. Name

FL 85. Zip Code

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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, type or print name of signing officer or director

NOTE: Registered Agent Signature required when changing

DAE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURAS, GLEN		1.2 NAME	
STREET ADDRESS	118 52ND STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAUX, MARY M		2.2 NAME	
STREET ADDRESS	2534 B TRAILMATE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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:

Mary M. Breaux

U.P.

4-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)