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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **J55549**

GULF PRINCE II, INC.

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12.

TITLE

NAME 2440 WORLD PKWY, APT. #56 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE **VONA, NINA** 22 NAME NAME 2440 WORLD PKWY-APT #56 2.3 STREET ADORESS **CLEARWATER FL 33763** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 31 TIME TITLE STD VONA, SAM 32 NAME NAME 2440 WORLD PKWY APT, #56 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change □ DELETE TITLE 6.2 NAME

FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90088 036 ***150.00



Mailing Address Principal Place of Business 2440 WORLD PARKWAY #56 2440 WORLD PARKWAY #56 CLEARWATER FL 33763-2033 CLEARWATER FL 33763-2033 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 01/20/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable. 59-2877322 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VONA, SAM SR. 82 Street Address (P.O. Box Number is Not Acceptable) 2440 WORLD PARKWAY #56 **CLEARWATER FL 33575** 83 Zip Code 84 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Addition Change ☐ DELETE 1.1 TITLE VONA, MICHAEL A. 1.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CiTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-28-99 727-799-0652 Date Davime Phone #

CR2E034 (11/98)