FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998				Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCU 1. Corporatio	MENT In Name	# J729	82	(8)							
GULF S	sound, in	NC.									
										(1 6 3 6 3 7	
Principal Plac	e of Business	<u> </u>	Ma	niling Address							
,				2658 GORDON DR							
NAPLES FL 34102				NAPLES FL 33940				DO NOT WRITE I	N THIS S	PACE	
US								3. Date Incorporated or Qualified	111100	17102	
								05/14/1987			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-2776709			ot Applicable Additional
22			27					5. Certificate of Status Desired	□ 		equired
City & Stat	е			City & State				6. Election Campaign Financing		\$5.00	
Zip		Country	28	Zip	Co	untry	,	Trust Fund Contribution	<u> </u>		to Fees
24	<u> </u>	25	29	34102	t	ai ito y		8. This corporation owes or has paid Personal Property Tax due June 3		- · -	tangible ∃ No
		and Address of Cu			1771			10. Name and Address of New Regi		gent	
TH	OMAS, STE	LLA B				81	Name				
2658 GORDON DR							Street Add	dress (P.O. Box Number is Not Acceptable	:)		
NA	PLES FL 33	940				83					
						L.,	ļ			т	
						84	City		FL	85 Zip (Code
11. Pursuant	to the provision	ons of Sections 607	.0502 and 60	7,1508, Florida Statut	es, the a	bove	e-named co	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of	changing it	s registered
agent. I a	m familiar wit	h, and accept the o	bligations of,	Section 607.0505, Fl	orida Sta	tutes	3.	and to board of directors. Thereby descept	ию орро	monorn do	rogiotoroa
SIGNATURE	Signature typod r	or printed name of registers	alid bos losos bis	Lannicable (NOI	F. Begistere	nd Ann	ant sinnature ren	quired when reinstating)	DATE		 i
12.	Cignatore, typicor		AND DIREC		13.		ant organizate requ	ADDITIONS/CHANGES TO OFFICE		DIRECTOF	RS IN 12
TITLE	PD			DELETE	1.1 11	TLE				Change	Addition
NAME		, PETER A.			1.2 N.						
STREET ADDRESS		RDON DRIVE					ADDRESS				
CITY-ST-ZIP TITLE	NAPLES STD	<u>FL</u>		DELETE	1.4 CI 2.1 TI		IT - ZIP		——	Change	Addition
NAME		, STELLA B.		C beer	2.2 N		}				
STREET ADDRESS		RDON DRIVE					ADDRESS				
CITY-ST-ZIP	NAPLES				2.40	ITY-S	S1-ZIP				
TITLE				DELETE	3.1 TI				į	Change	Addition
NAME					32 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE				DELETE	4.1 Ti		ST-ZIP			Change	Addition
NAME				_	4. 2 N		-		_	_ •	
STREET ADDRESS	!				4.3 S1	IREET	ADDRESS				
CITY-ST-ZIP				·	4.4 CI	TY-S	T-ZIP				
TITLE				DELETE	5.1 TI				L	Change	Addition
NAME					5.2 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE				DELETE	5.4 Ct		1.514			Change	Addition
NAME					6.2 N					-	ļ
STREET ADDRESS					6.3 ST	REET	ADDRESS				
CITY-ST-ZIP					64.0	tv. si	T - 71P				

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.

12 1998/911/119

FILED

Jan 22 1998 8:00am