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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT, DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

FILED

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GULFS	THEAM MASUNHY CONTRA	ACTORS, INC	•		TALLAHASSEL FLORIDA
Principal Place of Business Mailing Address					
4629 GLEME		ŭ	EAGLES DR.		
	ACH FL 33436		BEACH FL 33436		CO NOT HIDITE IN THE OD OF
US US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified
2 Principal P	lace of Business	2a. Mailing A	Addrose		04/26/1989 4. FEI Number Applied For
21	Idod Or Drawess	26	Marcos		
Suite, Apt	#. elc.	Suite, Apt #, etc.			¢0.75
22		27			5. Certificate of Status Desired Fee Required
City & Stat	е	City & St	alo		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Co	untry	B. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30: Yes No
	9. Name and Address of Curren	it Registered Age	nt	1241	10. Name and Address of New Registered Agent
PL	ANO, FRANCIS G.			181 19me	in Dobra A.
46	29 GL EMEAGLES DR.			82 Street Ad	Idrass (P.Q. Box Number is Not Acapptable)
` B0	YNTON BEACH FL 33436			460	1961energles Drive
				183 BCV	wen Both
•				84 City	FL 85 75 75 75 75 75 75 75 75 75 75 75 75 75
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 F	Torida Statutes, the a	bove-named co	• • • • • • • • • • • • • • • • • • • •
office or I	registered agent, or both, in the State	of Florida Such c	change was authorize	d by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
I		V: . 1	bur.unus, rionda sta	iluies.	1 3.98
SIGNATURE	Signature design of profess name of projection of age	Strake His Harpicatia	(NOTE: Register	ad Agent signature rec	quirod when reinstaling) DATE
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	PST	7	DELETE 1.1 T	ITLE R	Change · Additio
NAME	PLANO, FRANCIS G.	•	12 N	IAME 1	12 galegeagles Dr
STREET ADDRESS	4629 GLEMEAGLES DR.		1.3 9	TREET ADDRESS	
CITY-ST-ZIP	80 YNTON BEACH FL			CITY-ST-ZIP	Baynyan Beach, F1 33436
TITLE	D)	DELETE 2.11	140	Change Addition
NAME	PLANO, FRANCIS G.		2.2 M	IAME E	Sland Lebra, It Dri
STREET ADDRESS	4629 GLENEAGLES DR.		2.3 \$	TREET ADDRESS	1629 Grenderstes
CITY-ST-ZIP	BOYNTON BEACH FL			CITY-ST-ZIP	samen Iseach, Tr. 33730
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STREET ADDRESS				1	י וסו ש
CITY-ST-ZIP	L	31.40.40	6.4 0	SITY-ST-ZIP	in Contine 110 07/9/// Floride Ctatudes I further partify that the information

14. Thereby 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.

6-360