

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L57420** (6)

1. Corporation Name  
**GULF ATLANTIC INVESTMENT GROUP, INC.**



Principal Place of Business <b>1901 WEST CYPRESS CREEK ROAD SECOND FLOOR FT. LAUDERDALE FL 33309-1864 US</b>	Mailing Address <b>1901 WEST CYPRESS CREEK ROAD SECOND FLOOR FT. LAUDERDALE FL 33309-1864 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5410 NW 33 Avenue</b> Suite, Apt. #, etc. 22 <b>108</b> City & State 23 <b>Fort Lauderdale, FL</b> Zip 24 <b>33309</b>		2a. Mailing Address 26 <b>5410 NW 33 Avenue</b> Suite, Apt. #, etc. 27 <b>108</b> City & State 28 <b>Fort Lauderdale, FL</b> Zip 29 <b>33309</b> Country 30 <b>Broward</b>		3. Date Incorporated or Qualified <b>03/12/1990</b>	
4. FEI Number <b>65-0184714</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HESFORD, A. MARGARET  
1901 W. CYPRESS CREEK ROAD, #200  
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5410 NW 33 Avenue Suite 108</b>
83	
84 City	<b>Fort Lauderdale</b>
85 Zip Code	<b>FL 33309</b>

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, typed or printed name of registered agent and term if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>SANZ, MARK S</b>	
STREET ADDRESS	<b>1901 W. CYPRESS CREEK ROAD #200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sanz, Mark S.</b>	
1.3 STREET ADDRESS	<b>5410 NW 33 Avenue # 108</b>	
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, Florida 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)