


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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L95710 (4) 1. Corporation Name GULLAIRE MANAGEMENT AND INVESTMENT, INC.			
Principal Place of Business 625 PELICAN DR. S. OLDSMAR FL 34677 US		Mailing Address 610 COBIA WAY OLDSMAR FL 34677-2439 US	
2. Principal Place of Business 21 610 Cobia Way Suite, Apt. #, etc. 22 City & State 23 Oldsmar FL Zip 24 34677 Country 25 US		3a. Date of Last Report 04/09/1996 3. Date Incorporated or Qualified 08/22/1990 4. FEI Number 59-3059002 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHWARTZ, JAMES 625 PELICAN DR. S OLDSMAR FL 34677		10. Name and Address of New Registered Agent 81 Name William Buckner 82 Street Address (P.O. Box Number is Not Acceptable) 610 Cobia Way 83 84 City Oldsmar FL 85 Zip Code 34677	
11. Pursuant to the provisions of Sections 607.0512 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 <i>[Signature]</i> DATE <i>[Signature]</i>			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME SCHWARTZ, JAMES STREET ADDRESS 418 DREW ST CITY-ST-ZIP CLEARWATER FL TITLE D <input type="checkbox"/> DELETE NAME BUCKNER, WILLIAM STREET ADDRESS 3038 TALL PINE DR CITY-ST-ZIP SAFETY HARBOR FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1705 Indian Rocks Road 1.4 CITY-ST-ZIP Belleair, FL 34616 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 do 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 register 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 it changed, or on an attachment with an address. SIGNATURE <i>[Signature]</i> DATE <i>[Signature]</i> DAYTIME PHONE <i>[Signature]</i>			

CR2E034 (9/96)