FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 AM 10:10

DOCUMENT # M64875 (1)

GULFWIND OF VENICE, INC.

Principal Office Address	Mailing Address
1601 KEN THOMPSON PKWY SARASOTA FL 34236	2005 N TAMIAMI TR SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1988

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0116131 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.062, Florida Statutes: X Yes [ ] No

	Principal Office Address		Mailing Address
2. / 21	1485 S. TAMIAMI TR	2a. / 26	
22 Suite, Apt. # etc.		27 Suite, Apt. # etc.	
23 City & State	VENICE, FL	28 City & State	
24 Zip	34285	29 Zip	
25 County	SARASOTA	30 Country	

9. Name and Address of Current Registered Agent

MARKS, GREGORY M.
1319 MAIN STREET, SUITE 1100
SARASOTA FL 34236

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL
05 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHIPP, EUGENE M.
STREET ADDRESS	101 CITY ISLAND RD
CITY-ST-ZIP	SARASOTA FL
TITLE	S
NAME	WHIPP, NORMA, C
STREET ADDRESS	101 CITY ISLAND RD
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

REMITTED BY ... MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Norma C. Whipp — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

0340640 CP