

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

7 2 204*****10.00

► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

N00000001942 GULF BAY LODGE,
INC.
2001 S OCEAN DR
HALLANDALE FL 33009

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

09/22/1955

4. Federal Employer Identification Number (FEIN)

59-0882010

5. Date of Last Report 1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LUCIANO, MICHAEL	PRES	✓	2001 SE. OCEAN DR.	HALLANDALE, FL
EPSTEIN, SAM		✓	2001 SE. OCEAN DR.	HALLANDALE, FL
SMYJON, MICHAEL		✓	2001 SE. OCEAN DR.	HALLANDALE, FL
SPECKLER, HENRY		✓	2001 SE. OCEAN DR.	HALLANDALE, FL
TAUB, AL			2001 SE. OCEAN DR.	HALLANDALE, FL
PASSARELLI, EDWARD	TREAS	✓	2001 SE. OCEAN DR.	HALLANDALE, FL
MURRY, JAMES			2001 SE. OCEAN DR.	HALLANDALE, FL
MAJORIE TREMBKKE	SECT	✓		

000003198020--4

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information here

NAME: LUCIANO, MICHAEL

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code: HALLANDALE, FL 33009

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer

MICHAEL LUCIANO

Title

PRES

Telephone Number

454-9659

Signature

Date

6/14/78

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