

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # **P14643** (1)
1. Corporation Name
SI GULF TWO, INC.

Principal Place of Business
**%SIBAG HOLDING CORP.
1201 MARKET STREET, SUITE 1402
WILMINGTON DE 19801**

Mailing Address
**%SIBAG HOLDING CORP.
1201 MARKET STREET, SUITE 1402
WILMINGTON DE 19801-1163**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1987		3a. Date of Last Report 04/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2786094		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GISH, DENNIS		1.2 NAME		
STREET ADDRESS	21 ENSIGN LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MASSAPEQUA NY		1.4 CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENHARD, HANS		2.2 NAME		
STREET ADDRESS	35 BOULDER BROOK ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	GREENWICH CT		2.4 CITY - ST - ZIP		
TITLE	VPTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITTAG, JUERGEN		3.2 NAME		
STREET ADDRESS	33 EASTERN DRIVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	ARDSLEY NY		3.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUERGEN, MITTAG		4.2 NAME		
STREET ADDRESS	33 EASTERN DRIVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	ARDSLEY NY		4.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKER, EILEEN		5.2 NAME		
STREET ADDRESS	17 CHERRY TREE LANE		5.3 STREET ADDRESS		
CITY - ST - ZIP	RIVERSIDE CT		5.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHANSSON, GUNNAR		6.2 NAME		
STREET ADDRESS	51 WEST MAIN STREET		6.3 STREET ADDRESS		
CITY - ST - ZIP	BROOKSIDE NJ		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 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: Dennis C Gish DENNIS C GISH 1/8/97 302-654-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)