

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

0545104

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 13, 1999 8:00 am**  
**Secretary of State**

03-13-1999 90003 002 \*\*\*600.00

**DOCUMENT # P14643**

1. Corporation Name  
**SI GULF TWO, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/29/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2786094	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" 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
FL	85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	AST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWDECK, C M	2.2 NAME	
STREET ADDRESS	2219 BROOKLINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELSON, W S	3.2 NAME	
STREET ADDRESS	39 ELSTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKER, EILEEN	4.2 NAME	
STREET ADDRESS	17 CHERRY TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CT	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSSON, GUNNAR	5.2 NAME	
STREET ADDRESS	51 WEST MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSIDE NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

302-654-7660

Daytime Phone #

CR2E034 (1-1/98)