

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90268 043 \*\*\*150.00

DOCUMENT # P93000019718

1. Corporation Name

GULF COAST DUTY FREE OF FLORIDA, INC.

Principal Place of Business

405 ATLANTIS RD  
SUITE B  
CAPE CANAVERAL FL 32920  
US

Mailing Address

405 ATLANTIS RD  
SUITE B  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

4. FEI Number

59-3181282

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'BRIEN, JAMES M.  
516 NORTH HARBOR CITY BLVD.  
MELBOURNE FL 32935

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

TITLE DPT ☐ DELETE

NAME GALLUZZI, JAMES R  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE DV ☒ DELETE

NAME JENSEN, MICHAEL D  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE S ☒ DELETE

NAME DODSON, SUSAN  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☒ DELETE

NAME JENSEN, VICTOR H  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☒ DELETE

NAME WALLACE, HAROLD  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☐ DELETE

NAME HERMANSEN, BJORNAR K  
STREET ADDRESS 405 ATLANTIS RD, SUITE B  
CITY-ST-ZIP CAPE CANAVERAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999 (407) 783-2700  
Date Daytime Phone #

CR2E034 (11/98)

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