

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Northington  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:24

**DOCUMENT # P94000019870 (2)**

1. Corporation Name

**GULF MARKETING GROUP, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1994 3a. Date of Last Report

4. FEI Number 59-3237690 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. Does corporation have liability for management fees under Chapter 130, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
15436 N FLORIDA AVE SUITE 104 TAMPA FL 33613-1225  
15436 N FLORIDA AVE SUITE 104 TAMPA FL 33613-1225  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. 28.  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANOUB, HANI  
15436 N FLORIDA AVE  
SUITE 104  
TAMPA FL 33613-1225**

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 607.0603 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or its (its) 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 not a partner, and accept the responsibilities of Sections 607.0603, Florida Statutes.

SIGNATURE

Signature of Agent or Director (Print Name and Title) Signature of Registered Agent (Print Name and Title)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------|-------------------------------------------------------|--|
| 12a. NAME                  | D MITWALLI, SAID              | 13a. NAME                                             |  |
| 12b. STREET ADDRESS        | 15436 N FLORIDA AVE SUITE 104 | 13b. STREET ADDRESS                                   |  |
| 12c. CITY, STATE, ZIP      | TAMPA FL 33613-1225           | 13c. CITY, STATE, ZIP                                 |  |
| 12d. NAME                  | D BANOUB, HANI                | 13d. NAME                                             |  |
| 12e. STREET ADDRESS        | 15436 N FLORIDA AVE SUITE 104 | 13e. STREET ADDRESS                                   |  |
| 12f. CITY, STATE, ZIP      | TAMPA FL 33613-1225           | 13f. CITY, STATE, ZIP                                 |  |
| 12g. NAME                  |                               | 13g. NAME                                             |  |
| 12h. STREET ADDRESS        |                               | 13h. STREET ADDRESS                                   |  |
| 12i. CITY, STATE, ZIP      |                               | 13i. CITY, STATE, ZIP                                 |  |
| 12j. NAME                  |                               | 13j. NAME                                             |  |
| 12k. STREET ADDRESS        |                               | 13k. STREET ADDRESS                                   |  |
| 12l. CITY, STATE, ZIP      |                               | 13l. CITY, STATE, ZIP                                 |  |
| 12m. NAME                  |                               | 13m. NAME                                             |  |
| 12n. STREET ADDRESS        |                               | 13n. STREET ADDRESS                                   |  |
| 12o. CITY, STATE, ZIP      |                               | 13o. CITY, STATE, ZIP                                 |  |
| 12p. NAME                  |                               | 13p. NAME                                             |  |
| 12q. STREET ADDRESS        |                               | 13q. STREET ADDRESS                                   |  |
| 12r. CITY, STATE, ZIP      |                               | 13r. CITY, STATE, ZIP                                 |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation subject to Sections 607.0603, Florida Statutes. I further certify that the above statement is filed as 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. But I am not an officer or director of the corporation or the receiver or trustee empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

*Hani Banooub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95