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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400056205 (5)

FILED Apr 13 1998 8:00am Secretary of State

l	Corporation GULFS	n Name TAR INDUST			200 (0)								
Princ	cipal Place	e of Business		Mailing	Address) 14	9 81119 (1811 94	181 8111 1881	
1520 NORTHGATE BLVD 1520 NORTHGATE BLVD SARASOTA FL 34234 SARASOTA FL 34234									DO NOT WRITE	- INI TIUO	PDA OF		
ľ									3. Date Incorporated or Qualified	- IIV 1mio	SPACE		٦
									07/28/1994				
2. P	rincipal P	lace of Business		2a. Mailing Address				·	4. FEI Number	[]Aı	oplied For	1	
21				26					65-0505440			ot Applicable]
22 Si	uite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired		
c	ity & State	9	City & State					6. Election Campaign Financing		\$5.00	Мау Ве	7	
23				28					Trust Fund Contribution		Added	to Fees	_
	(ip	<u>├</u> -7	Country	Zip Cou			untry	1	8. This corporation owes or has paid the current year Intangible				1
24		9 Name and	Address of Curre	29 30 1 Registered Agent			1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				4
ļ	SU	ZOR, DANIEL T			- / 195-10		81	Name	10. Tallio and reduced of the little	9.010.00	- Bolit		1
		20 NORTHGATE					82	Street Addre	ass (P.O. Box Number is Not Accepte	hle)			-
SARASOTA FL 34234									sas (1.0. Box Hamber is Not Accepte				
}							83	}					7
							84	City	<u></u>		85 Zip	Code	1
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, office or registered agent or both. The State of forida. Such change was authagent. I am familiar with, and perform to the original control of Section 607 0505, Florid							D0//	e named corn	oration submits this statement for the	FL	Changing i	to renistered	4
} ; !	office or re	ogistered agent	or both in the State	o of Florida. S	uch change was	authorize	d by	y the corporation	on's board of directors. I hereby acce	pt the app	ointment as	registered	
l		m tamillar with, a		ations of, Sec	tion 607,0505, FI	orida Star و مع د	tutes	• <	Your Deat	2	~ 20 -	01/	
SIGN	NATURE	Signa Circ appell or Prin	it dinarte of registered ag	of it and title if appl	cable (NO)	E: Registere	d Age	ent signature require	ed whon reinstating)	DÂTE	- 23	18	1
12.			OFFICERS AN	ID DIRLCTO		13,			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12] ç
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14. Thereby 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 informatio indicated on this annual report or supplemental annual poorly's 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 of trustof 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, of an adaptment with an address.

SIGNATURE:

MILL TOURN MESDE

3-80-48