
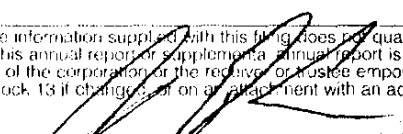


FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	Jan 24 1997 8:00am Secretary of State
<b>DOCUMENT # P95000026445 (3)</b>			
1. Corporation Name: <b>GULF FRONT DEVELOPMENT, INC.</b>			
Principal Place of Business <b>316 S. BAYLEN ST., SUITE 280 PENSACOLA FL 32501</b>		Mailing Address <b>316 S. BAYLEN ST., SUITE 280 PENSACOLA FL 32501-5908</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>03/27/1995</b>	
21. Suite, Apt. #, etc.		3a. Date of Last Report <b>03/19/1996</b>	
22. City & State		4. FEI Number <b>59-3310964</b>	
23. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MOORHEAD, STEPHEN R 4300 BAYOU BLVD. SUITE 13 PENSACOLA FL 32504</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent is all that is applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>LEVIN, ALLEN R</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>316 S. BAYLEN ST., SUITE 280</b>	1.2 NAME	
CITY - ST - ZIP	<b>PENSACOLA FL 32501</b>	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
NAME	<b>RINKE, ROBERT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>400 QUIETWATER BEACH RD., #10</b>	2.2 NAME	
CITY - ST - ZIP	<b>PENSACOLA BEACH FL 32561</b>	2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	
NAME			
STREET ADDRESS			
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 changes are on attachment with an address.			
SIGNATURE:  <b>Allen R. Levin</b> 1-15-97 (904) 435-1160			

CR2E034 (9/96)