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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000028571 (4)

1. Corporation Name

LUV THAT GULF, INC.



Principal Place of Business Mailing Address											• • • • • • • • • • • • • • • • • • • •	••, ,,,					,,,,,,		, , , , , , , , , , , , , , , , , , , ,	
1011 SEA SIDE DR. SARASOTA FL 34242			1011 SEA SIDE DR. SARASOTA FL 34242																	
									3.		ate Inco 04/11			Qualif	ed	3a. Dat	e of L	ast R	eport	
	ace of Business	_	2e. Mailing Address						4.		I Numb				l			[]	Applied	For
21			26						65-0581293								·	Vot App		
Suite, Apt. 4	F, etc.		Suite, Apt. #, etc.						5.	. Ce	ertificate	of Sta	atus C	Posirec	i 		•		Addition Addition	
City & State	1		Crty & State														0 May d to Fee			
Zio 24	Coun 25	·	7(p) Cou 29 30			untry			8. This corporation has liability for Florida Statutes							intangiblo tax under s 199.032,				
	9. Name and Add			Agent		Ţ			10.							istered	Ager	ıt		
						81	Na	ne							******		<u> </u>		 	
BUTLER, PENNY 1011 SEA SIDE DR.						82 Street Addr				dress (P.O. Box Number is Not Acceptable)										
SARASC	TA FL 34242					83														
						84	City	<i>t</i>						*********		FL	85	Zıç	Code	
or registere	o the provisions of Sec ed agent, or both, in th	e State of Florida. S	Buch chang	e was auth oriz e	ed by the o	oorbo ove-u	ame oratio	d corpora n's board	ation s	subn lirect	nits this	stater	nent f	for the	purpo	se of ch	anging regis) its ri tered	egisterei agent. I	d office
tamıllar witi	h, and accept the obliq	gations of, Section 6	307.0505, F	Florida Statu tes .													.,		v	
SIGNATURE	Signature typed or printed nam	e of registered agent and ti	tic il applicable.	. NO	IE. Rogistered	l Agent	signa:	ure reduced o	when re	orista	ting)					DATE				
12.		OFFICERS AND DI			13.					AD	DITION	S/CHA	NGE	S TO (OFFICI	RS AND	DIRE	сто	RS IN 1	2
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NAME	BUTLER, RICHA				12 N	AME														
STREET ADDRESS	SARASOTA FL	IKLIN DR., #11F					ADDRE	SS												- 1
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STREET ADDRESS							ADDRE	22												
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TITLE]	DELETE	4. 11		*********] Cha	nge	[] Add	dition
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14 Ldo hereby	certify that the informa-	ation supplied with t	hie filion ie	voluntarily furnis	hed and	dose	not a	nualify for	tho o	2000	antion o	atatori	in Soc	otion 1	10.07	2)/[c] Elo	rido D	total de	o I fuell	