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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

May 08 1998 8:00am Secretary of State

FILED

GULF	AND ATLANTIC SEATOR C	OWITANT, INC.					
Principal Pla	ace of Business	Mailing Address				I (BONIOO) (IB EBIOL BISK! ODI)! ERIAL OBIIL ADINO 11031 IGIO) RHOL IDIOL IDII 1641	
19417 GULI MADEIRA B	f LN Each Fl 33708	P. O. BOX 8127 MADEIRA BEACH FL 33738 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1995	
2. Principal Place of Business		2a, Mailing Address				4. FEI Number Applied For	
គឺ -		26				59-3314622 Not Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt. #, e	etc.	·		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip M	Country 25	Zip	30	Country	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SPAETH, ROBERT A 13417 GULF LANE			81		Address (P.O. Box Number is Not Acceptable)		
	IADEIRA BEACH FL 33708			62	Street Address (F.O. Box Number is not Acceptable)		
. "				63			
				84	City	FL 85 Zip Code	
office o		te of Florida, Such chang	e was author	orized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		mort and to at applicable	INCITE DA	istarad Acc	nt signet ==	required when reinstaling) DATE	
				13.	in eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DEL	ETE	1.1 TITLE		Change Addition	

SPAETH, ROBERT 1.2 NAME **13417 GULF LN** 1.3 STREET ADDRESS STREET ADDRESS MADEIRA BEACH FL 33708 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NALE 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CATY-ST-ZIP 5.4 CITY - ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAKE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CATY-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 suppliemental 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.

**Contract Contract Con

SIGNATURE: