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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000044856 (9)

GAIA INC.

FILED

Apr 29 1998 8:00am

Secretary of State

Principal Place of Business Mailin	g Address			IN CHOST TOTAL OLITE STATES
SUITE 3 SUITE	OUTH ORANGE AVENUE 3 SOTA FL 34236		DO NOT WRITE IN THIS	SPACE
SANAGUTA FE SALSO	301A FL 34230		3. Date Incorporated or Qualified	
	0		06/09/1995	
2. Principal Place of Business 2a. Ma	ailing Midress	3319	4. FEI Number 65-0592407	Applied For Not Applicable
	ite, Apt. #, etc.			\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State Ci	Jargeota	76	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zi	< (/) 4//\ —	Country (A	8. This corporation owes or has paid the cu	rrent ear Intangible Yes No
24 25 29 C	7 7000 30	901	Personal Property Tax due June 30. 10. Name and Address of New Registered	
ELIZABETH T. WALTON 81 Name				
PAR O OBANOF AVENUE AS		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
SARA\$OTA FL 34236		83		
		63		
		84 City	FL	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				
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 femiliar with and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE & CULANTER WALLEY WALLEY				
Signature, typed or project name of registered agent and title if ep 12. OFFICERS AND DIRECTO		lered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTORS IN 12
TITLE D		.1 TITLE		Change Addition
NAME WALTON, ELIZABETH T		.2 NAME		
STREET ADDRESS 513 SOUTH ORANGE AVENUE, SUITE	3	.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34236		.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		.1 TITLE .2 NAME		C Cuange C Addition
STREET &DDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		. 4 CITY - ST - ZIP		
TITLE	DELETE 3.	.1 TOTLE		Change Addition
NAME		.2 NAME		İ
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		.4. CITY - ST - ZIP .1 TITLE		☐ Change ☐ Addition
HAME		. 2 NAME		
STREET ADDRESS	4.	.3 STREET ADDRESS		
CITY-ST-ZIP		.4 CITY - ST - ZIP		
TITLE		.1 TITLE		Change Addition
NAME STREET ADDRESS	E .	.2 NAME .3 STREET ADDRESS		
CITY-ST-ZIP		.4 CITY - ST - ZIP		
TITLE		.1 TITLE		Change Addition
NAME	6.	.2 NAME		
STREET ADDRESS	6.	.3 STREET ADDRESS		
CITY-ST-ZIP	6.	A CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further of	

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 changed, or on an attachment with an address.