


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

FILED
Jun 24 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # P96000012717 <small>1. Corporation Name</small> Gull Cottage Enterprises, Inc. 5900 Stirling Road Hollywood, Florida 33021 | | | |
| <small>Principal Place of Business</small> 5900 Stirling Road Hollywood, FL 33021 | | <small>Mailing Address</small> 5900 Stirling Road Hollywood, FL 33021 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 21 5900 Stirling Road <small>Suite, Apt. #, etc.</small> 22 City & State 23 Hollywood, FL <small>Zip Country</small> 24 33021 25 USA | | 2a. Mailing Address 26 5900 Stirling Road <small>Suite, Apt. #, etc.</small> 27 City & State 28 Hollywood, FL <small>Zip Country</small> 29 33021 30 USA | |
| 3. Date Incorporated or Qualified 2/9/96 | | 4. FEI Number 65-0769182 <small>Applied For</small> <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent Dino DiCarlo 5900 Stirling Road Hollywood, FL 33021 | | 10. Name and Address of New Registered Agent 81 Name Dino DiCarlo 82 Street Address (P.O. Box Number is Not Acceptable) 5900 Stirling Road 83 84 City Hollywood FL 85 Zip Code 33021 | |
| 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 <i>[Signature]</i> DATE 4/27/98 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 11 TITLE NAME Dino DiCarlo <input type="checkbox"/> DELETE STREET ADDRESS 5900 Stirling Road CITY - ST - ZIP Hollywood, FL 33021 | | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | |
| 21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | |
| 31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | |
| 41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | |
| 51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | |
| 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP | | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - 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 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. SIGNATURE: <i>[Signature]</i> 4/27/98 (954) 963-0337 | | | |

CR2E034 (10/97)