


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

102

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031016 (4)
1. Corporation Name
GULF AVIATION INC.

FILED
97 SEP -5 PM 12: 53
SECRETARY OF STATE


Principal Place of Business HC-1 165 CESSNA DRIVE SUITE 100 PORT ST. JOE FL 32456	Mailing Address HC-1 165 CESSNA DRIVE SUITE 100 PORT ST. JOE FL 32456-7370
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2. Principal Place of Business 21 165 CESSNA DRIVE Suite, Apt. #, etc. 22 Suite 100 City & State 23 Port St Joe FLA Zip 24 32456	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 32456 Country 30 USA
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3. Date Incorporated or Qualified 04/09/1996	3a. Date of Last Report
4. FEI Number 593376513	Applied For 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 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
**CULLEN, JOHN F JR
HC-1 165 CESSNA DRIVE
SUITE 100
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
165 CESSNA DRIVE Suite 100
83
84 City **Port St Joe** FL 85 Zip Code **32456**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D CULLEN, JOHN F JR
STREET ADDRESS	HC-1 165 CESSNA DRIVE, STE 301
CITY-ST-ZIP	PORT ST. JOE FL 32456
TITLE	<input type="checkbox"/> DELETE
NAME	D CULLEN, JOHN F III
STREET ADDRESS	7010 C-30
CITY-ST-ZIP	PORT ST. JOE FL 32456
TITLE	<input type="checkbox"/> DELETE
NAME	D CULLEN, LAURIE M
STREET ADDRESS	7010 C-30
CITY-ST-ZIP	PORT ST. JOE FL 32456
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400002287954-4
1.3 STREET ADDRESS	-09/08/97-01018-010
1.4 CITY-ST-ZIP	****825.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address.

SIGNATURE _____ 9/1/97 904-227-1232

CR2E034 (9/96)

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Secretary of State
Division of Corporations
Tallahassee, Florida

RE: Gulf Aviation Inc.
Gulf International Properties Inc.
John F. Cullen Construction, Inc.
Four "C" Construction and Property Services Inc.
Leisure Isle Development Corp

August 28, 1997

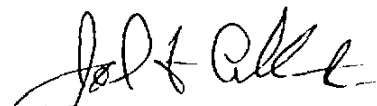
Dear Sirs:

I am submitting annual reports to you at this time on behalf of the above referenced corporations. Please forgive the late filing of these reports but we did not receive the reports until here of late as the corporation address changed and we just received the paperwork to file. I beleive there is mail we never received at all.

I beg your assistance since I try to file all reports on time but was unable to since I did not get the papers.

Thank you for your assistance with this matter.

Sincerely,



John F. Cullen Jr.
President