**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P96000043032 (7) DOCUMENT # **GULF BLVD. PRODUCTIONS INCORPORATED** Principal Place of Business Mailing Address 102-106TH AVENUE 10801 GULF BLVD TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ZAME DA 59-3382858 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TAYLOR, RICHARD D 102-106TH AVENUE Street Address (P.O. Box Number is Not Acceptable) TREASURE ISLAND FL 33706 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502, office or registered agent—at both, in the State agent. I amylamilus with, and accept the oblight orlda Statutes, the above-named corporation submits this statement for the purpose of changing its registered lange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 17.0505. Florida Statutes. SIGNATURE (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE TAYLOR, RICHARD D HAME 1.2 NAME **126-120TH AVENUE** STREET ADORESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE BRUSH, JAMES W NAME 2.2 NAME 8435 W. GULF BLVD. STE 33 STREET ADDRESS 2.3 STREET ADDRESS TREASURE ISLAND FL 33706 2, 4 CITY - ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 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 appoint of supplies in the information indicated on this annual appoint of supplies in the information indicated on this annual appoint is frue and acculate 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 of the receiver for 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 chapter 607 on an attachment with an address.

6.1 TITLE

6.2 NAME

6.4 CITY - ST-

6.3 STREET ADDRESS

Change

Addition

DELETE

TETLE

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP