

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048532 (1) N/C
1. Corporation Name
~~ACAPULCO FRESH, INC.~~ * NAME CHANGED IN 1997 +
GSM ASSOCIATES, INC. FILED WITH DEPARTMENT OF STATE 11/20/97



Principal Place of Business 4771 BAYOU BLVD. STE 45 PENSACOLA FL 32503 US	Mailing Address POST OFFICE BOX 5470 DESTIN FL 32540 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 320 HIGHWAY 98 EAST Suite, Apt. #, etc. 22 # 1102 City & State 23 DESTIN, FL Zip 24 32541 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 05/31/1996	4. FEI Number 59-3384805	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GALEY, JOHN N. 4771 BAYOU BLVD. STE 15 SUITE 1014 PENSACOLA FL 32503	10. Name and Address of New Registered Agent 81 Name GALEY, JOHN N. 82 Street Address (P.O. Box Number is Not Acceptable) 320 HIGHWAY 98 EAST, #1102 83 84 City DESTIN, FL 85 Zip Code 32541
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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  JOHN N. GALEY 1/20/98
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE GALEY, JOHN N POST OFFICE BOX 5470 DESTIN FL 32540	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition MAILING ADDRESS 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE PSTD GALEY, JOHN N 320 HIGHWAY 98 EAST, #1102 DESTIN, FL 32541	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8000002429798 -02/13/98--01015--021 ***158.75 2-11

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 a new address.

SIGNATURE:  JOHN N. GALEY 1/20/98 850 456-8899
PRESIDENT

CR2E034 (10/97)