


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

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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067846

1. Corporation Name
GULF PLACE CABANAS, INC.

Principal Place of Business
4444 WEST SCENIC HWY 30-A
SANTA ROSA BEACH FL 32459
US

Mailing Address
4444 WEST SCENIC HWY. 30-A
SANTA ROSA BEACH FL 32459
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40001 EMERALD COAST Suite, Apt. #, etc. 22 PARKWAY City & State 23 DESTIN FL. Zip 24 32541 Country 25 US		2a. Mailing Address 26 40001 EMERALD COAST Suite, Apt. #, etc. 27 PARKWAY City & State 28 DESTIN FL. Zip 29 32541 Country 30 US		3. Date Incorporated or Qualified 08/09/1996	
		4. FEI Number 59-3398871		Applied For <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 the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROOKIS, RICHARD J.
4444 WEST SCENIC HWY. 30-A
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	EDWARD T. JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, ANGUS G JR.	1.2 NAME	
STREET ADDRESS	19 SEA WINDS DRIVE	1.3 STREET ADDRESS	307 OSCEOLA COURT
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	WILFVILLE, FL. 32578
TITLE	D DELETE	2.1 TITLE	
NAME	ABBOTT, WILLIAM W JR.	2.2 NAME	
STREET ADDRESS	19 SEA WINDS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	2.4 CITY-ST-ZIP	
TITLE	D DELETE	3.1 TITLE	
NAME	STEINER, JAMES R JR.	3.2 NAME	
STREET ADDRESS	19 SEA WINDS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward T. Johnson

4/28/99 850 654-7211
Date Daytime Phone #

CR2E034 (11/98)