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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

1. Corporation	G UP, INC.	00070407 (7)			
Principal Place	e of Business	Mailing Address		1 10011001 118 10110 01111 00111 00111 00111 10011 10011 00111 00111 00111 00111	1001
1015 ATLANTIC BLVD. STE 96		1015 ATLANTIC BLVD. S	STE 96		
ATLANTIC BEACH FL 32233		ATLANTIC BEACH FL 32233		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/22/1996	ł
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied F	For
21		26		59-3414353 Not Appl	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	nal
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May B	
Zip	Country	28	Country	Trust Fund Contribution L. Added to Fees	
_	25	Zip 29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30,	Э
24	9. Name and Address of Curi		[30]	10. Name and Address of New Registered Agent	
RC	BERTSON, ELIZABETH	X	81 Name	<u> </u>	
	6 8TH ST		82 Street A	Megan Phiter Address (P. Box Number is Not Acceptable)	
	LANTIC BEACH FL 32233			135 Ospreu Keu	
			83		
			84 City A	1 Opt 7in Code	
			B4 City A	tlantic Beach FL 85 Zip Code	33
11. Pursuant 1	o the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as registe	tered
agent. I a	n lamiliar with, and accept the or	rigations of Section 607.0505, Fig	orida Statutes.	oranoira board or directors. Thereby accept the appointment as registe	,,,,,
SIGNATURE	Tregan Ph	ifu		3/17/98	
12.		a mi and title if applicable (NOTI	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE	V	DELETE	1.1 TITLE		ddition \$
NAME	ROBERTSON, ELIZABETH		1.2 NAME		
STREET ADDRESS	388 8TH ST		1.3 STREET ADDRESS		[
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY - ST - ZIP		2
TITLE	VS	DELETE	2.1 TITLE	DIRECTOR Change A	ddition C
NAME	PHIFER, MEGAN		2 2 NAME	MEGAN PHIFER	ŀ
STREET ADDRESS	947 NO 17TH AVE		2 3 STREFT ADDRESS	435 OBPREY KEY	
CITY-ST-ZIP	JACKSONVILLE BEACH FI		2 4 CITY-ST-ZIP	DIRECTOR MEGAN PHIFER 435 OBPREY KEY ATLANTIC BEACH, FL 32233	
TITLE		☐ DELETE	31 IIILE	Change A	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CITY-ST-ZIP	☐ Change ☐ A	ddition
NAME		E DECERE	4.1 TITLE 4.2 NAME	El charife El M	DUILIDA
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change ☐ A	ddilion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. I hereby c	ertify that the information supplied	with this filing does not qualify for	or the exemption states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation

regidence on this armual 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 a 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