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

PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096034 (9)

GULFSIDE INVESTMENTS, INC. Principal Place of Business Mailing Address 2200 BEACON LANE 2200 BEACON LANE NAPLES FL 34103-4718 NAPLES FL 34103 3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PERRY, JOYCE L 2200 BEACON LANE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 83 84 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change TITLE 1.1 TOLE PERRY, BERNARD L NAME 12 NAME CR2E034 2200 BEACON LANE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP 1.4 C(TY - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE PERRY, JOYCE L 2.2 NAME NAME 2200 BEACON LANE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addilion TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change 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 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TATLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; 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:

Shalk Perry () OUTSYCE L. PERRY

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FILED

Apr 24 1997 8:00am

Secretary of State