


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000043408 (18)		
1. Corporation Name GULF MORTGAGE BROKERS CORP.		
JAN 05 1998		



Principal Place of Business 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108	Mailing Address 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address C/O GULF TAX INC 26 6860 GULFPORT BLVD 27 Suite, Apt. #, etc. 28 SUITE 900 29 City & State 30 ST PETERSBURG, FL 31 Zip 32 33707-2108 33 Country 34 PINELANDS		3. Date Incorporated or Qualified 05/12/1997		4. FEI Number 59-3469710		Applied For 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"/>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	

9. Name and Address of Current Registered Agent LIGHT, BRIAN 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108				10. Name and Address of New Registered Agent 81 Name GULF TAX INC. BRIAN LIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 83 6860 GULFPORT BLVD 84 SUITE 900 85 City ST PETERSBURG FL 86 Zip Code 33707-2108			
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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 BJ L. LIGHT BJ L. LIGHT - PRES - GULF TAX INC 4/22/98

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 NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, BRIAN J 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D.P.S BRIAN J. L. LIGHT 6860 GULFPORT BLVD, SUITE 900 ST PETERSBURG, FL 33707-2108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, GERTRUD 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D.T. GERTRUD LIGHT 6860 GULFPORT BLVD, SUITE 900 ST PETERSBURG, FL 33707-2108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: BJ L. LIGHT BJ L. LIGHT PRES 4/22/98 813 345 0601

CR2E034 (10/97)