

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 05 1998 8:00am
Secretary of State

DOCUMENT # **P97000072910 (7)**

1. Corporation Name
GULF STATE CONSULTING, INC.

Principal Place of Business
**1135 GULF OF MEXICO DR UNIT 402
LONGBOAT KEY FL 34228**

Mailing Address
**1135 GULF OF MEXICO DR UNIT 402
LONGBOAT KEY FL 34228**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

65-0788738

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HANKIN, LAWRENCE M
2033 MAIN ST STE 400
SARASOTA FL 34237**

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

(NOT: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

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STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT P.D.** [] Change [x] Addition

1.2 NAME **NAT SEGAL** [] Change [x] Addition

1.3 STREET ADDRESS **1135 GULF OF MEXICO DR, Apt. 40** [] Change [x] Addition

1.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34228** [] Change [x] Addition

2.1 TITLE **SEC TREAS S.D.** [] Change [x] Addition

2.2 NAME **STEVEN SEGAL** [] Change [x] Addition

2.3 STREET ADDRESS **601 EAST 20TH STREET Apt. 76** [] Change [x] Addition

2.4 CITY-ST-ZIP **NEW YORK, N.Y. 10010** [] Change [x] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

0000026586310

-10/08/98-01011-000

*****555.00**

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:

[Signature] President

8/26/98 (94) 383-4600

CR2E034 (5/98)