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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080310 (0)

GULF SCAPES, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



204 NAVARRE STREET GULF BREEZE FL 32561		204 NAVARRE STREET GULF BREEZE FL 32561			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/16/1997
2. Principal Place of Business // 2a. Mailing Address					4. FEI Number Applied For
21 204 Tlaurene St 26 Same					59-3504031 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Sequired \$8.75 Additional Fee Required
City & State	Brune, Fl.	City & State 28 Same			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 3RS	Country 25	Zip 3256/ 30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes KN No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
ATKINSON, KATHY				Name	
204 NAVARRE STREET GULF BREEZE FL 32561			82	Street	Address (P.O. Box Number is Not Acceptable)
300	DNCEZE FL 32301		83		
			84	City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named	
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	gnature, typed or printed name of registered agent	and title if applicable AIOTE Re	wistered Acc	nt eignet	required when reinstating) DATE
12.	OLLICEDS AND	NUCCTORS	13.	an erginature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	7	DINECTORS DELETE	1.1 TITLE		P/T/D Change L/Addition
NAME			1.2 NAME		PAMEIN A BERNOSKY 313 BEILWOOD ROad
STREET ADORESS	ward flock	-	1.3 STREET	ADDRESS	313 Bellwood Road
CITY - ST - ZIP	used G	5.	1.4 CITY-S	T- ZIP	WEST MIFFLIN, PA 15122
TITLE -		→ J DELETE	2.1 TITLE		5/2/ Change Additio
NAME .			2.2 NAME		Thomas J. BERNOSKY
STREET ADDRESS	••		2.3 STREET	ADDRESS	Thomas J. BERNOSKY 313 BEILWOOD ROAD
CITY-ST-ZIP			2. 4 CITY - S	ST-ZIP	WEST MIFFLIN, PA 15122
TITLE		UELETE	3.1 TITLE		D □ Change M Additio
HAME .	. •		3.2 NAME		VIRGINIA BERNOSKY 313 BEILWOOD ROAD
STREET ADDRESS	<i>*</i>	. •	3.3 STREET	ADDRESS	313 BELLWOOD KORA
CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.4. CITY - S	T-ZIP	WEST MIRFLIN, PA 15122
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-2IP			4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	address	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	address	
CITY-ST-ZIP			6.4 CITY-S	T-21P	

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 it changes, or on an attachment with an address.

MATURE / 18 BANGLO A BERUSILLE 4/15/98