


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90011 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031685

1. Corporation Name

GULFSHORE HOMES V. INC.

Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103	Mailing Address 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1998		4. FEI Number 59-3541806		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26 Gulfshore Homes, Inc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 23815 Addison Place Ct.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees.	
City & State 23	City & State 28 Bonita Springs, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	Zip 29 34134	Country 30 US	

9. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 34103		10. Name and Address of New Registered Agent	
		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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN M. WATT		1.2 NAME	
STREET ADDRESS 23815 ADDISON PLACE CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		1.4 CITY-ST-ZIP	
TITLE VP/SEC/TREAS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN CHARLES		2.2 NAME	
STREET ADDRESS 23815 ADDISON PLACE CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941947-2929

Daytime Phone #

CR2E034 (11/98)