


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90021 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000092171**

1. Corporation Name  
**GUZY'S SEA RESORT, INC.**

Principal Place of Business 609 COURT STREET CLEARWATER FL 33756	Mailing Address 609 COURT STREET CLEARWATER FL 33756
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>102 GULF Blvd.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>102 GULF Blvd</b> Suite, Apt. #, etc. 27	23 <b>Indian Rocks Beach, FL</b> City & State Zip <b>33785</b> Country <b>Pivillas</b>	28 <b>Indian Rocks Beach, FL</b> City & State Zip <b>33785</b> Country <b>Pivillas</b>
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3. Date Incorporated or Qualified <b>10/29/1998</b>	4. FEI Number <b>59-353-9630</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Name and Address of Current Registered Agent KRUG, STEWART L 609 COURT STREET CLEARWATER FL 33756	

10. Name and Address of New Registered Agent 81 Name <b>Anna Guzy (Winstow)</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>102 Gulf Blvd</b> 83 84 City <b>Indian Rocks Beach</b> FL 85 Zip Code <b>33785</b>
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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 *[Signature]* DATE **2-1-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andrew Guzy</b>		1.2 NAME	
STREET ADDRESS <b>102 Gulf Blvd</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Indian Rocks Beach, FL 33785</b>		1.4 CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANLEY GUZY</b>		2.2 NAME	
STREET ADDRESS <b>102 Gulf Blvd</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>Indian Rocks Beach, FL 33785</b>		2.4 CITY-ST-ZIP	
TITLE <b>N.P.</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Anna Winstow (Guzy)</b>		3.2 NAME	
STREET ADDRESS <b>102 Gulf Blvd</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Indian Rocks Beach, FL 33785</b>		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]* DATE **2-1-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)