

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S05113 (3)**

1. Corporation Name
GULF BAY MANAGEMENT GROUP, INC.



Principal Place of Business: % MARK WOODWARD, 801 LAUREL OAK DR., SUITE 640, NAPLES FL 33963
Mailing Address: % MARK WOODWARD, 801 LAUREL OAK DR., SUITE 640, NAPLES FL 33963

3. Date Incorporated or Qualified: **10/10/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0223966**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc; City & State; Zip; and Country.

9. Name and Address of Current Registered Agent: **WOODWARD, MARK J. 801 LAUREL OAK DRIVE, SUITE 640 NAPLES FL 33963**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FERRAO, AUBREY J.	1.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 4001 TAMAMI TRAIL N., STE.340	CITY-ST-ZIP: NAPLES FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: S	NAME: WOODWARD, MARK J.	2.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 801 LAUREL OAK DR., #640	CITY-ST-ZIP: NAPLES FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement's 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, officer 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 in an attached listing with an address.

SIGNATURE: *Aubrey J. Ferrao* **Aubrey J. Ferrao** 4/26/96 941-434-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)