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 #

SIGNATURE

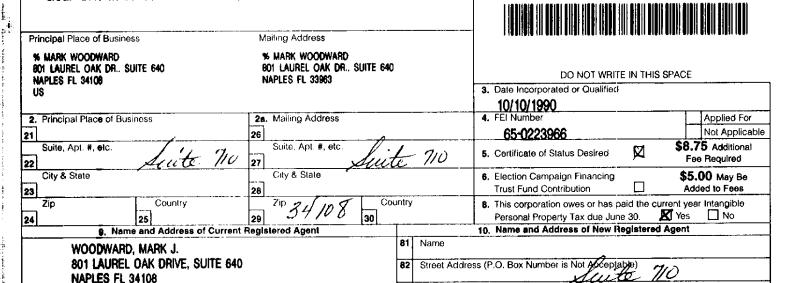
S05113

Signature, typed or printed name of registered agent and title if applicable

(3)

GULF BAY MANAGEMENT GROUP. INC.

FILED
May 14 1998 8:00am
Secretary of State



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.

(NOTE: Registered Agont signature required when reinstating)

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12.	OF LICERS AND DIRECTORS	5	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOLE	Change Addition
NAME	FERRAO, AUBREY J.		1.2 NAME	Luite 350
STREET ADDRESS	4001 TAMIAMI TRAIL N., STE.340		1.3 STREET ADDRESS	puice v.
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	8	DELETE	21 TITLE	Secrete 710
NAME	WOODWARD, MARK J.		2.2 NAME	1.70
STREET ADDRESS	801 LAUREL OAK DR.,#640		2.3 STREET ADDRESS	seure 110
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	
TITLE		☐ DE LETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change 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.

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911 121 2020

Zip Code

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