

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07392

1. Corporation Name

GULF INTERNATIONAL PROPERTIES INC.

Principal Place of Business

165 CESSNA DRIVE
SUITE 302
PORT ST. JOE FL 32456

Mailing Address

165 CESSNA DRIVE
SUITE 302
PORT ST. JOE FL 32456

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90288 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

59-3059445

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CULLEN, JOHN F JR.

165 CESSNA DRIVE

SUITE 300

PORT ST. JOE FL 32456

81 Name

Betty Jean Londono

82 Street Address (P.O. Box Number is Not Acceptable)

165 Cessna Dr Suite 107

83

84 City

Port St. Joe

FL

85 Zip Code

32456

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, JOHN III
737 OWASO
DAYTONA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, LAURIE M
7010 HWY C-30
PORT ST. JOE FL 32456

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, JOHN F JR.
165 CESSNA DRIVE, SUITE 300
PORT ST. JOE FL 32456

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, JOHN F JR.
165 CESSNA DRIVE, SUITE 300
PORT ST. JOE FL 32456

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULLEN, JOHN F JR.
165 CESSNA DRIVE, SUITE 300
PORT ST. JOE FL 32456

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)