FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S45064 (0)**GULF BEACHES REAL ESTATE, INC.** Principal Place of Business Mailing Address 225 MAIN STREET 225 MAIN STREET OURE ? SUITE 7 DO NOT WRITE IN THIS SPACE DESTIN PL 32541 DESTIN PL 32541 3. Date Incorporated or Qualified US 04/11/1991 2. Principal Place of Business Applied For 17 QULFUIEW HEIGHTS ST. 26 17 GULFVIEW HEIGHTS ST. 59-3063229 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be SANTA ROSA BEAC Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MALL, GREGORY D. -225-MAIN-ST: SUITE 7 DESTIN FL 82541 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-national office or registered agent, or both, in the State of Florida, Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. submits this statement for the purpose of changing its registered pard of directors. I hereby accept the appointment as registered GREGORY 3/36 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MALL, GREGORY D. NAME 1.2 NAME 225 MAIN ST-SUITE 7 1.3 STREET ADDRESS STREET ADDRESS DESTIN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE

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

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

3/30/98 (350)654-4853