

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90030 026 \*\*\*150.00

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

**DOCUMENT # S51628**

1. Corporation Name  
**GULFSIDE TROPHIES, INC.**

## Principal Place of Business

3336 GRAND BLVD.  
 HOLIDAY FL 34690  
 US

## Mailing Address

3336 GRAND BLVD.  
 HOLIDAY FL 34690  
 US

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/08/1991

## 4. FEI Number

59-3064773

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

## 6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

## 2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

24

25

29

30

## 9. Name and Address of Current Registered Agent

HOWELL, NANCY  
 3442 GRAND BLVD.  
 HOLIDAY FL 34690

## 10. Name and Address of New Registered Agent

81

Name

Robin F. Rochovansky

82

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

3336 Grand Blvd.

83

84

City

Holiday

FL

85

Zip Code

34690

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

*Robin F. Rochovansky*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 1999

## 12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, NANCY	
STREET ADDRESS	3442 GRAND BLVD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, DAVID	
STREET ADDRESS	3442 GRAND BLVD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 727-8424884

CR2E034 (1/98)