

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

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63391** (4)  
1. Corporation Name  
**THE GREAT NORTH SOUTH CORPORATION**

Principal Place of Business  
**2411 E. TAMiami TRAIL  
#201  
NAPLES FL 33962  
US**

Mailing Address  
**P. O. BOX 946  
TRAVERSE CITY MI 49685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>300 5th Ave. South #101</b> Suite, Apt. #, etc. 22 <b>Suite 440</b> City & State 23 <b>Naples, FL</b> Zip 24 <b>34102</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>07/01/1991</b>	
		4. FEI Number <b>65-0270067</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GRAY, DAVID LEE 2411 E. TAMiami TRAIL, #201 NAPLES FL 33962</b>				10. Name and Address of New Registered Agent 81 Name <b>Gray, David Lee</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>300 5th Ave South #101</b> 83 <b>Suite 440</b> 84 City <b>Naples</b> FL 85 Zip Code <b>34102</b>			
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11. Pursuant to the provisions of Sections 607.0507 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 of officer or director of corporation, agent, and title of applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CDT	<input type="checkbox"/> DELETE		1.1 TITLE	CDT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOSTRZEWA, JOSEPH G			1.2 NAME	Kostrzewa, Joseph G.		
STREET ADDRESS	123 1/2 EAST FRONT STREET			1.3 STREET ADDRESS	123 1/2 East Front Street		
CITY-ST-ZIP	TRAVERSE CITY MI			1.4 CITY-ST-ZIP	Traverse City, MI 49684		
TITLE	PSD	<input type="checkbox"/> DELETE		2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, DAVID LEE			2.2 NAME	Gray, David Lee		
STREET ADDRESS	2411 E. TAMiami TRAIL, #201			2.3 STREET ADDRESS	300 5th Avenue South#101, Suite440		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34102		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 additional sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED/PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021141

CR2034 (1097)