

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 14 1997 8:00am  
Secretary of State**DOCUMENT # V03447****(2)**

1. Corporation Name

**GULF SANDS BEACH RESORT, INC.**

Principal Place of Business

**437 S. ANDREWS  
BELLEAIR FL 34616  
US**

Mailing Address

**437 ST. ANDREWS  
BELLEAIR FL 34616-1924  
US**

3. Date Incorporated or Qualified

**01/01/1992**

3a. Date of Last Report

**01/26/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**59-3103591**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEACOCK, RAY  
655 GULFVIEW BLVD.  
CLEARWATER FL 34630**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **D** ☐ DELETE  
NAME **WAKELY, FRANCES**  
STREET ADDRESS **437 ST ANDREWS**  
CITY-ST-ZIP **BELLEAIR FL**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE **PD** ☐ DELETE  
NAME **WAKELY, DAVID N**  
STREET ADDRESS **1820 SO HIGHLAND AVE**  
CITY-ST-ZIP **CLEARWATER FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE  
NAME **GOLLON, WARREN**  
STREET ADDRESS **3348 STIRLING RD**  
CITY-ST-ZIP **PALM HARBOR FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **MALKE, ROBERT**  
STREET ADDRESS **316 BLUFFVIEW DR**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **WHITNEY, GEORGE**  
STREET ADDRESS **796 NINA DR**  
CITY-ST-ZIP **TIERRA VERDE FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **TECHTMANN, HERBERT**  
STREET ADDRESS **220 W BEREEN CT**  
CITY-ST-ZIP **MILWAUKEE WI**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)