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 CORPORATIONS

DOCUMENT #
1. Corporation Name
GULF ISLAND, INC.

V45392

(0)

FILED May 08 1997 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address 58-2010269 N Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 2a. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Sign Count	L HABIT STATE STATE STATE THE PRINCE HAVE STATE					g Address LEONARD DR. TBURY NY 11590-1454					Principal Place 865 LEONARI WESTBURY N	E		
SURE, API 4, CIC. Cry & State Cry	3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1996													
Suite, Apt #, ctc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Status Desired \$8.75 Fee R	oplied For of Applicable	4. FEI Number Applied For					Mailing Address	} <u>-</u>	pal Place of Business					
City & State 22 28 29 20 20 20 20 20 20 20	Additional	SS 75 Additional				Suite, Apt. #, etc.			Suite, Apt. #, etc.					
Zup 2g 2g 2g 2g 2g 2g 2g 2g 2g 2							City & State	├		9	City & State			
9. Name and Address of Current Registered Agent HAMIN, CURTIS D. 1205 MANATEE AVE. WEST BRADENTON FL 34205 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip 85 Zip 86 City FL 85 Zip 86 City FL 85 Zip 87 City FL 85 Zip 88 Zip 88 City FL 85 Zip 89 City FL 85 Zip 80 Zip 80 Zip 81 In 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 office or registrated 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 50 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 ZIMME 12 ZIMME 12 ZIMME 13 STREET ADDRESS 13 STREET ADDRESS 14 ZITILE 14 CITY -ST-ZIP 11 ZITILE 15 Change 16 Change 17 ZIMME 18 ZITILE 17 ZIMME 18 ZITILE 18 ZIMME 18 ZIMME 19 ZIMM		itangible tax under s.	ation has liability for in	8. This corporati		– ₁ ′	· · · · · · · · · · · · · · · · · · ·	7	ŋ ´	25	Zip			
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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 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 agent. From familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE D OFFICERS AND DIRECTORS 11. TITLE D OFFICERS AND DIRECTORS 11. TITLE 1.1 TITLE 1.2 PAME 1.3 STREET ADDRESS CITY-S1-2P DELETE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 4.1		**************************************	——————————————————————————————————————	,	Name	81	······································				НА			
B3 B4 City		9)	mber is Not Acceptable	s (P.O. Box Numb	Street Addres	82			AVE. WEST	05 MANATEE	12			
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NAME STREET ADDRESS		DATE		when reinstating)		Registered Age	il applicable. (NOTE: I	lered agent and title it	profed name of register		SIGNATURE	SI		
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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 Brack 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 5/6 222-6200 Degrine Phone # 0008888 X94