

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532339 (9)
1. Corporation Name
GULF COAST CREDIT CORPORATION

Principal Place of Business
1625 WEST MARION AVENUE
PUNTA GORDA FL 33950

Mailing Address
212 SOUTH CENTRAL
SUITE 100
ST LOUIS MO 63105
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/26/1977	08/12/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2075078	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHIFFER, RODNEY M.	
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	LOVE, ANDREW S., JR.	
STREET ADDRESS	212 SOUTH CENTRAL, SUITE 100	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KOVARIK, ANNETTE	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHIFFER, LAURENCE A.	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	CLEMENT, GLORIA D.	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	
CITY-ST-ZIP	ST LOUIS MO	
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 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:

Gloria D. Clement

Gloria D. Clement

9/15/97 (312) 512-8711

CR2E034 (4/97)