

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **625877** (6)
1. Corporation Name
GULF COAST MANAGEMENT, INC.



Principal Place of Business: % HOLIDAY ISLES, 14711 GULF BOULEVARD, MADEIRA BEACH FL 33708
Mailing Address: % HOLIDAY ISLES, 14711 GULF BOULEVARD, MADEIRA BEACH FL 33708

21	2a	26
22	27	28
23	29	30

3. Date Incorporated or Qualified 06/15/1979	3a. Date of Last Report 04/04/1995
4. FEI Number 59-1914021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ST. PETERSBURG CORPORATE SERVICES, INC. 405 PASADENA AVE., SOUTH ST. PETERSBURG FL 33707	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 FL
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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 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 607.0535, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	NAME: PERRINE, JOYCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	1.2 NAME	
TITLE: PD	NAME: VANZYL, ROBERT	1.3 STREET ADDRESS	
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE: PD	NAME: TREMBLAY, PETER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	2.2 NAME	
TITLE: D	NAME: SCHMID, HERMAN	2.3 STREET ADDRESS	
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE: D	NAME: PLESS, CHARLES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	3.2 NAME	
TITLE: D	NAME: ALBERS, WILLIAM	3.3 STREET ADDRESS	
STREET ADDRESS: 14711 GULF BLVD	CITY-ST-ZIP: MADEIRA BEACH FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Peter Tremblay* 4/6/96 813-391-5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declaring Filing

CR2E034 (12/95)