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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000059377 (8)

G & D COASTAL ENTERPRISES. INC.

Mailing Address 1751 N.E. 64TH STREET 1751 N.E. 64TH STREET FORT LAUDERDALE FL 33334-5131 FORT LAUDERDALE FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1995 04/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0604601 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Country Zip This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes & No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUSSEAULT, GLEN A Name 1751 N.E. 64TH STREET R2 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 63 84 City Zip Code 85 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, typed or punted name of registered agent and title d applicable (NOTE: Registered Agen) signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) PSTD DELETE Change Addition HUE 1.1 TITLE DUSSEAULT, GLEN A NAME 12 NAME CR2E034 1751 N.E. 64TH STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33334 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TOTALE NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADORESS CITY-S1-ZIE 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY-ST-2IP CHY+S1-7(P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY: \$1-7P 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.

Glen Dusseault 4/17/97

FILED Apr 28 1997 8:00am Secretary of State

