

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
 Aug 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
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DOCUMENT # P95000071371 (5)
 1. Corporation Name
GULF COAST BUILDING ASSOCIATION, INC.



Principal Place of Business 2375 TAMAMI TRAIL NORTH, SUITE 208 NAPLES FL 33940	Mailing Address 2375 TAMAMI TRAIL NORTH, SUITE 208 NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3838 Tamiami Trail North Suite, Apt. #, etc. Suite 410 City & State Naples, Florida Zip 34103 Country Collier		2a. Wood Property Mgmt. 26 3255 Tamiami Trail N. Suite, Apt. #, etc. Naples, Florida Zip 34103 Country Collier		3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report 01/23/1996
22 Suite 410		27		4. FEI Number 65-0614484	Applied For <input type="checkbox"/> Not Applicable
23 Naples, Florida		28 Naples, Florida		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34103		29 34103		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Collier		30 Collier		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHEFFY, JANE Y 2375 TAMAMI TRAIL NORTH, SUITE 208 NAPLES FL 33940				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	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KESSOUS, MICHAEL		1.2 NAME	
STREET ADDRESS 2375 TAMAMI TRAIL NORTH, SUITE 208		1.3 STREET ADDRESS 3838 Tamiami Trail N., Suite 410	
CITY-ST-ZIP NAPLES FL 33940		1.4 CITY-ST-ZIP Naples, Florida 34103	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEIS, PATRICIA		2.2 NAME	
STREET ADDRESS 2375 TAMAMI TRAIL NORTH, SUITE 208		2.3 STREET ADDRESS 3838 Tamiami Trail N., Suite 410	
CITY-ST-ZIP NAPLES FL 33940		2.4 CITY-ST-ZIP Naples, Florida 34103	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOWERSOCH, SHIRLEY		3.2 NAME Miller, Patrick	
STREET ADDRESS 2375 TAMAMI TRAIL NORTH, SUITE 208		3.3 STREET ADDRESS 3838 Tamiami Trail N.	
CITY-ST-ZIP NAPLES FL 33940		3.4 CITY-ST-ZIP Naples, Florida 34103	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **8/14/97**

CR2E034 (4/97)