

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

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P95000081431 (5)**

1. Corporation Name  
**GULFCOAST HEALTHSTYLE CORP.**



Principal Place of Business  
**1800 BEN FRANKLIN DRIVE, SUITE A-604  
SARASOTA FL 34236**

Mailing Address  
**POST OFFICE BOX 1545  
SARASOTA FL 34230-1545**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>70. Box 8126</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 8126</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/24/1995</b>	
22 City & State 23 <b>LONGBOAT KEY, FL.</b>		27 City & State 28 <b>LONGBOAT KEY, FL.</b>		4. FEI Number <b>59-3347747</b> Applied For Not Applicable	
24 <b>34228</b>		25 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 <b>34228</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>ANNA BODO 13599 FEATHERSOUND CIRCLE #909 CLEARWATER FL 34622</b>				10. Name and Address of New Registered Agent			
				81 Name <b>PETER A. WISH</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3626 FAIR OAKS PLACE</b>			
				83			
				84 City <b>LONGBOAT KEY</b>			
				85 Zip Code <b>FL 34228</b>			

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 *Peter A. Wish* **Peter A. Wish** DATE **3-12-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISH, PETER A DR.</b>	1.2 NAME	
STREET ADDRESS	<b>1800 BEN FRANKLIN DRIVE, SUITE A-604</b>	1.3 STREET ADDRESS	<b>3626 FAIR OAKS PLACE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	1.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISH, LESLIEBETH DR.</b>	2.2 NAME	
STREET ADDRESS	<b>1800 BEN FRANKLIN DRIVE, SUITE A-604</b>	2.3 STREET ADDRESS	<b>3626 FAIR OAKS PLACE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	2.4 CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 *Peter A. Wish* **Peter A. Wish** DATE **3/12/98** **194-389-7676**

CR2EG4 (10/97)