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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 590464

GULF COAST GOLF, INC.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90009 040 ***150.00



Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		., ., ., ., ., ., ., .,		
6700 AIRPORT	RD	6700 AIRPORT RD							
		NAPLES FL 33942	ES FL 33942		DO NOT WRITE IN THIS SPACE				
U\$.				3. Date Incorporated or Qualifed					
					10/11/1978			1	
3 Principal P	Diago of Business	2a. Mailing Address			4 FFI Number		I An	plied For	
2. Principal Place of Business 21 4505 Beechwood Lave R V 26 4505 Beechwood Beechwood R V 26 4505 Beechwood Beechw		26 4505 Beech W	1 D shall bowner		59-1893033			t Applicable	
21 450 Suite, Apt.		Suite, Apt. #, etc.	///// -		I		\$8.75		
22	, 6.6.	27			5. Certifcate of Status Desired	Ċ	Fee Re		
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be	
	ioles, FL	28 1000	、そん	-	Trust Fund Contribution		Added		
Zip	Country	Zip	Coun	try	8. This corporation owes the curr	ent year Inta	angible		
24 3411	L 25 USA	29 34112	30	AZÙ	Personal Property Tax.		X Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered /	Agent		
			[1	Name					
	itefeld, irene m.		-	32 Street Addi	ress (P.O. Box Number is Not Accepta	able)			
	SHOREVIEW DRIVE			000.7.00.					
NAP	LES FL 34112	•	1	13					
			-	34 City			85 Zip (Code	
				City		FL			
11 Purcusat	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	ove-named corp	poration submits this statement for the	purpose of	changing its	registered	
office or r	registered agent, or both, in the State of Im familiar with, and accept the obligation	Florida, Such change was at	utnorized i rida Statut	by the corporation	on's board of directors. I hereby accep	ot the appoir	ument as re	gioloida	
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was at	uthorized i rida Statut	by the corporation	on's board of directors. I hereby accep	ot the appoin	ument as re	giolo:00	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a	Florida. Such change was at ons of, Section 607.0505, Flor	Registered A	by the corporation	ed when reinstating)	DATE	ittietit as ie		(0)
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office or r agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND PD SUNYOG, RON	Florida. Such change was at ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS	Registered A	py the corporations. gent signature require	ed when reinstating)	DATE	D DIRECTO	DRS IN 12	(90) 14 (00)
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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, with all other like empowered.

SIGNATURE: