

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4: 01

DOCUMENT # **F30979** (1)

1. Corporation Name
GOLDCOAST HOTEL, INC.

Principal Place of Business
**249 ROYAL PALM WAY, 4TH FLOOR
P.O. BOX 2202
PALM BEACH FL 33480**

Mailing Address
**249 ROYAL PALM WAY, 4TH FLOOR
P.O. BOX 2202
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1981** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business		2a. Mailing Address	
21	c/o Paul Thibadeau	26	c/o Paul Thibadeau
22 350 South County Road		27 350 South County Road	
23 Palm Beach Florida		28 Palm Beach, Florida	
24 33480	25 USA	29 33480	30 USA

4. FEI Number **59-2093927** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THIBADEAU, PAUL
249 ROYAL PALM WAY, 4TH FLOOR
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	350 South County Road
83		
84	City	Palm Beach
	State	FL
85	Zip	33480

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 *[Signature]* DATE **4/5/95**

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SESSA, LEONARD
STREET ADDRESS	249 ROYAL PALM WAY 4 FL
CITY ST ZIP	PALM BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	350 South County Road
1 4 CITY ST ZIP	Palm Beach, Florida 33480
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
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; that I am an officer or director of the corporation; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *[Signature]* **Leonard Sessa** DATE: **4/5/95** TELEPHONE: **407-835-0551**