

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F30979** (1)

1. Corporation Name
GOLDCOAST HOTEL, INC.



Principal Place of Business: 249 ROYAL PALM WAY, 4TH FLOOR, 350 SOUTH COUNTY ROAD, PALM BEACH FL 33480, US
Mailing Address: 249 ROYAL PALM WAY, 4TH FLOOR, 350 SOUTH COUNTY ROAD, PALM BEACH FL 33480, US

3. Date Incorporated or Qualified: **04/16/1981**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2093927**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. c/o Paul Thibadeau
22. 324 Royal Palm Way #201
23. Palm Beach, FL
24. 33480
25. Palm Beach
26. c/o Paul Thibadeau
27. 324 Royal Palm Way #201
28. Palm Beach, FL
29. 33480
30. Palm Beach

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): **324 Royal Palm Way, Suite 201**
83. City: **Palm Beach**
84. State: **FL** 85. Zip Code: **33480**

11. Pursuant to the provisions of Sections 607.012 and 607.1503, 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 607.015, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/26/96**

12. OFFICERS AND DIRECTORS
1.1 TITLE: **PS D**
1.2 NAME: **SESSA, LEONARD**
1.3 STREET ADDRESS: **350 SOUTH COUNTY ROAD**
1.4 CITY- ST- ZIP: **PALM BCH, FL 00000**
2.1 TITLE: DELETE
2.2 NAME: DELETE
2.3 STREET ADDRESS: DELETE
2.4 CITY- ST- ZIP: DELETE
3.1 TITLE: DELETE
3.2 NAME: DELETE
3.3 STREET ADDRESS: DELETE
3.4 CITY- ST- ZIP: DELETE
4.1 TITLE: DELETE
4.2 NAME: DELETE
4.3 STREET ADDRESS: DELETE
4.4 CITY- ST- ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: **P.O. Box 445**
1.4 CITY- ST- ZIP: **Palm Beach, FL 33480**
2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: Change Addition
2.4 CITY- ST- ZIP: Change Addition
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
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4.4 CITY- ST- ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY- ST- ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY- ST- ZIP: Change Addition

14. I do hereby certify that the information supplied in 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/30/96**

CR2E034 (12/95)