

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F30979** (1)

1. Corporation Name
GOLDCOAST HOTEL, INC.



Principal Place of Business 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	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o Paul Thibadeau Suite, Apt. #, etc.	2a. Mailing Address 26 c/o Paul Thibadeau Suite, Apt. #, etc.
22 324 Royal Palm Way #201 City & State	27 324 Royal Palm Way #201 City & State
23 Palm Beach, FL Zip Country	28 Palm Beach, FL Zip Country
24 33480	25 Palm Beach
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**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
	324 Royal Palm Way, Suite 201
83 City	84 State
Palm Beach	FL
	85 Zip Code
	33480

11. Pursuant to the provisions of Sections 607.0102 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 obligation of, Section 607.0105, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date thereon

Signature, typed or printed name of registered agent and the date thereon

Paul Thibadeau Reg Agent / 26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	

**PS D
SESSA, LEONARD
~~350 SOUTH COUNTY ROAD
PALM BEACH FL 33480~~**

**N.A.
P.O. Box 445
Palm Beach, FL 33480**

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ Deposited by Bank

1/30/96

CR2E034 (12/95)

PM 3-30-1996