

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90040 042 \*\*\*158.75

**DOCUMENT # F93000002602**

1. Corporation Name  
**GULF COAST MR INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

671 GOODLETTE RD N  
STE 110  
NAPLES FL 34102  
US

Mailing Address

155 STATE ST  
HACKENSACK NJ 07601  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 125 State Street

27 Suite 200 - Legal Dept.

28 City & State

28 Hackensack, New Jersey

Zip

29 07601

Country

30 USA

3. Date Incorporated or Qualified

06/04/1993

4. FEI Number

65-0411306

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME ALLEN, G H  
STREET ADDRESS 155 STATE ST  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE VTS ☒ DELETE  
NAME WHYNOT, G A  
STREET ADDRESS 155 STATE ST  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Duane C. Montopoli  
1.3 STREET ADDRESS 125 State Street - Suite 200  
1.4 CITY-ST-ZIP Hackensack, New Jersey 07601

2.1 TITLE DP ☐ Change ☒ Addition  
2.2 NAME Michael J. Drumgoole  
2.3 STREET ADDRESS 125 State Street - Suite 200  
2.4 CITY-ST-ZIP Hackensack, New Jersey 07601

3.1 TITLE VS ☐ Change ☒ Addition  
3.2 NAME Christopher J. Joyce  
3.3 STREET ADDRESS 125 State Street - Suite 200  
3.4 CITY-ST-ZIP Hackensack, New Jersey 07601

4.1 TITLE VT ☒ Change ☐ Addition  
4.2 NAME Geoffrey A. Whynot  
4.3 STREET ADDRESS 125 State Street - Suite 200  
4.4 CITY-ST-ZIP Hackensack, New Jersey 07601

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael J. Drumgoole, President

4-27-99

Date

(201) 488-6230

Daytime Phone #

CR2E034 (1/98)