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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



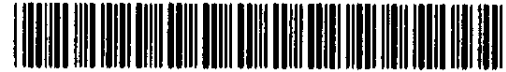
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001172 (4)

1. Corporation Name
GOLD COAST TECHNOLOGY EXCHANGE CENTER, INC.

Principal Place of Business
1616 EAST 4TH STREET
SANTA ANA CA 92701

Mailing Address
1616 EAST 4TH STREET
SANTA ANA CA 92701-5160



3. Date Incorporated or Qualified 03/13/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24 Zip

Country

29 Zip

Country

25

30

4. FEI Number

33-0008537

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

10. Name and Address of New Registered Agent

CAPITAL CONNECTION
ATTN: JULIA
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TURNER, WILLIAM B
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME HAGLER, KATHY DR
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME GROSS, JACK
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME ZAITZ, ROBERT
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C
NAME WATANABE, DIANE K
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

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

TITLE VC
NAME THOR, LINDA DR
STREET ADDRESS 1616 EAST 4TH STREET
CITY-ST-ZIP SANTA ANA CA 92701

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *William B. Turner* WILLIAM B. TURNER

1-21-97 (714) 648-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)