

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 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 # F95000004689 (4)

1. Corporation Name

GOLDEN COAST MANAGEMENT SERVICES, INC.



Principal Place of Business 3030 S. COLLEGE AVE., SUITE 201 FORT COLLINS CO 80525	Mailing Address 3030 S. COLLEGE AVE., SUITE 201 FORT COLLINS CO 80525
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5802 Wright Dr. Suite, Apt. #, etc. 22 City & State 23 Loveland, CO 24 Zip 80538 25 Country USA		2a. Mailing Address 26 5802 Wright Dr. Suite, Apt. #, etc. 27 City & State 28 Loveland, CO 29 Zip 80538 30 Country USA		3. Date Incorporated or Qualified 09/26/1995	3a. Date of Last Report 04/30/1996
				4. FEI Number 33-0441427	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VALADEZ, BONNIE
1350 BEAR RUN BLVD.
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name Randall J. Siebert
82 Street Address (P.O. Box Number is Not Acceptable) 14200 Gulf Blvd.
83
84 City Madeira Beach
85 Zip Code FL 33708

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

Randall J. Siebert
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-10-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITZ, STEVEN A	1.2 NAME	
STREET ADDRESS	1309 HEPPLEWHITE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80528	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITZ, GINGER L	2.2 NAME	
STREET ADDRESS	1309 HEPPLEWHITE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80528	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, JON C	3.2 NAME	
STREET ADDRESS	631 AGAPE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80524	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, GLONDA A	4.2 NAME	
STREET ADDRESS	5215 FOX HILLS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO 80526	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RICHARD	5.2 NAME	
STREET ADDRESS	7878 HATHAWAY LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, STEVEN H	6.2 NAME	
STREET ADDRESS	2061 GARRETT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT COLLINS CO	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: *(Signature)*

9-17-97

9701-592-9082-11

CR2E034 (4/97)