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 # H20511

GULFCOAST ACCESSORIES, INC.

GULFC	OAST ACCESSURIES, IN	IU.							
Principal Place	e of Business	Mailing Address							
2230 31 ST ST. SO. 334 2ND AVE. S. ST. PETERSBURG FL 33712 US		2230 31ST ST. SO. 334 2ND AVE. S. ST. PETERSBURG FL 33712 US				Date Inconversited or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 09/11/1984		6/1995		
2. Principal P	lace of Business	2a. Maing Address				4. FEI Number 59-2450725		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Gertificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & Stale				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country		Z ₍ p		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No.			
24	25	29	30			10. Name and Address of New I	Registered Ag	ent	
	9. Name and Address of Cu	Melit Pediatered Adeix		81	Name				
	ON, JOHN			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	1ST. ST. SO. Tersburg Fl 33712			83					
31.12				84	City		FL	85 Zip Code	
				1 3				in a ita enginternal office	

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.		OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 if changed, or on an attachment with an address

SIGNATURE:

ASGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANNON

813-327-9026