

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

OPERATION COCONUT INC.

571736

Principal Place of Business

14540 Summerline Trace Ct-6
Fort Myers FL 33919
c/o Richard Zeltman

Mailing Address

P.O. Box 883
Fort Myers FL 33906
c/o Richard Zeltman

3. Date Incorporated or Qualified
May 1987

3a. Date of Last Report
1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2830217

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

Richard Zeltman
14540 Summerlin Trace Ct Apt 6
Fort Myers, FL 33919-6885

81 Name Richard Zeltman

82 Street Address (P.O. Box Number is Not Acceptable)
14540 Summerlin TRACE Ct #6

83

84 City Fort Myers

FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0502, Florida Statutes.

SIGNATURE Richard Zeltman Owner

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

(NOTE: Registered Agent signature required when reconstituting)

DATE 6-23-97

12. OFFICERS AND DIRECTORS

1.1 TITLE DP
1.2 NAME Richard Zeltman
1.3 STREET ADDRESS 14540 Summerlin Trace Ct Apt 6
1.4 CITY-ST-ZIP Fort Myers, FL 33919-6885

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

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

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

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

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: RICHARD B. ZELTMAN

5-1-97

941-482-3494