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

PROFIT
CORPORATION
ANNUAL REPORT

1997



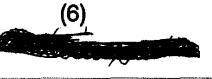
FLORIDA DEPARTMENT OF STATE

Sandra B. Murtham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98973

GULF COAST BROMELIADS, INC.



Principal Place of Business

Mailing Address

FILED Mar 10 1997 8:00am Secretary of State



12525 TOWER RD. BONITA SPRINGS FI			12525 TOWER RD. BONITA SPRINGS FL 34135-6355							
ತ 	34135					3. Date Incorporated or Qualified 06/29/1989	Qualified 3a. Date of Last Report 05/28/1996			
2. Principa Place	of Business	2a. Mailing Addre	ess			4. FEI Number			oplied For	
21		26				65-0134377		No	ot Applicable	
Suite, Apt. #. etc. 22		Suite, Apt #,	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
2φ 24 •	Country 25	Zip 29	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9	, Name and Address of C	urrent Registered Agent			1	10. Name and Address of New Re	gistered	Agent		
	iobb e. Jr.			81	Name					
	ower RD Springs FL 33923					ress (P.O. Box Number is Not Acceptable)				
•				63						
				84	City	**************************************	FL	85 Zip (Code	
11. Pursuant to th	e provisions of Sections 60	7.0502 and 607.1508, Florid	la Statutes, the	abov	e-named cor	rporation submits this statement for the p	urpose o	f changing it	ts registered	
office of registagent. Lam fa	lered agent, or both, ≀n the miliar with, a <u>n</u> d accept the i	State of Florida. Such chan; obligations of, Sectio p 6 07.	ge was authori 0505, Florid <u>a S</u>	zed b Statute	y the corpore s.	ation's board of directors. I hereby accept	the app	ointment as	registered	
SIGNATURE	Porta .	In hi			ide	r t 2/	'אגו'	97		
Signa	there, typed or partied name of register		(NOTE: Regist	ered Ag		uireo when reinstating)	DATE			
12.	OFFICER	S AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12 Addition	
TITLE P	מסת מו ממר	L) 0E		1 TITLE				∐ Change	L_J ADDITION	
	OBB, JR., ROSS 525 TOWER RD.			2 NAME						
	ONITA SPRINGS FL 3	4135			I ADDRESS					
TITLE BC	MITA OF INITION IE	, , j		4 CITY-1 1 TITLE	21-514	***************************************		Change	Addition	
NAME		*****		2 NAME						
STREET ADDRESS					T ADDRESS					
C+1Y+S1+2IP			2	4 CITY	ST-ZIP					
THUE		DE	LETE 3	1 TITLE		44164		Change	Add:tion	
NAVE			3	2 NAME	ļ					
STREET ADDRESS			3	3 STREE	T ADDRESS					
City - \$1 - ZiP				4. CITY	ST-ZIP					
TITLE		☐ DE	LETE 4.	1 TATLE				Change	Addition	
NAME			4	2 NAME						
STREET ADDRESS			4.	3 STREE	t address					
CITY - S1 - 70°				4 CITY	ST - ZIP			<u> </u>		
TIT:F		□ DE		1 TITLE				Change	Addition	
NAME				.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-\$1-7/2				4 CITY -	ST-ZIP				1.400	
TIT. F		DE		.1 TITLE				Change	L. Addition	
NAME			4	2 NAME	- 1					
STHEET ADDRESS			•		1 Address					
CITY - ST - Zir ³			6	.4 CITY -	ST - 7.1P					

14. I do horoby certily 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:

MATURE AND THE OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR