

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

FILED

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
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DOCUMENT # **L30438** (0)

1. Corporation Name
GULF COAST EMBOSSEING, INC.

Principal Place of Business 4101 EAST 12TH AVENUE, SUITE C-1 TAMPA FL 33606 GULF COAST EMBOSSEING, INC. 3619 LITHIA PINECREST RD. VALRICO, FL 33594	Mailing Address 4101 EAST 12TH AVENUE, SUITE C-1 TAMPA FL 33606-4527 GULF COAST EMBOSSEING, INC. 3619 LITHIA PINECREST RD. VALRICO, FL 33594
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2. Principal Place of Business 21 3619 Lithia Pincrest Rd Suite, Apt. #, etc. 22 City & State 23 Valrico FL Zip 24 33594-6303	2a. Mailing Address 26 P O Box 1513 Suite, Apt. #, etc. 27 City & State 28 Brandon FL Zip 29 33509-1513	3. Date Incorporated or Qualified 11/15/1989	3a. Date of Last Report 03/29/1996
		4. FEI Number 59-2965333	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BORGES, ALFRED D. 711 HILLPOINT WAY BRANDON FL 33510 <i>3619 Lithia Pinecrest Rd. Valrico, FL 33594</i>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3619 Lithia Pinecrest Rd 83 84 City Valrico 85 Zip Code FL 33594
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGES, ALFRED D	1.2 NAME	
STREET ADDRESS	711 HILLPOINT WAY	1.3 STREET ADDRESS	3619 Lithia Pinecrest Rd
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	Valrico FL 33594-6306
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGES, MARTA MORA	2.2 NAME	
STREET ADDRESS	711 HILLPOINT WAY	2.3 STREET ADDRESS	3619 Lithia Pinecrest Rd
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	Valrico FL 33549-6306
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Alfred D. Borges* **1/30/97 (813) 662-2506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)