

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 APR 24 PM 1: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85566 (1)

Coulter Properties, Inc.

Principal Place of Business	Mailing Address	Same
590 Golf Links Ln. Longboat Key, Fl. 34228		

3. Date Incorporated or Qualified 06/09/1988		3a. Date of Last Report 05/01/1995	
4. FET Number 59-2892340			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 type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	590 Golf Links Lane	26	590 Golf Links Lane
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Longboat Key, Fl.	28	Longboat Key, Fl.
Zip	Country	Zip	Country
24	34228	25	
		29	34228
		30	

9. Name and Address of Current Registered Agent

Coulter, E. G.
590 Golf Links Lane
Longboat Key, Fl. 34228

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 E. G. Coulter, President 04/19/1996
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	President. <input type="checkbox"/> DELETE
NAME	Coulter, E. G.
STREET ADDRESS	590 Golf Links Lane
CITY - ST - ZIP	Longboat Key, Fl. 34228

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	200001803782		
2.1 TITLE	-05/01/96--01109--001		
	****200.00	****200.00	****200.00

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2 1 TITLE	*****200.00	*****200.00
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - STATE - ZIP	

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

NAME	DELETE
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	SP 4/24/96	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	<input type="button" value="DELETE"/>
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: E. G. Coulter, President 4/19/96 941-383-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)