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 # **M97755** **(6)**

1. Corporation Name
GULFCOAST BUSINESS WORLD INC.

Principal Place of Business	Mailing Address
% RICHARD D. MOORE 782 BEAL PKWY NW FT WALTON BCH FL 32547 US	C/O RICHARD D MOORE 782 BEAL PARKWAY NW FT WALTON BEACH FL 32547 US

2. Principal Place of Business	2a. Mailing Address
21 21 Racetrack Rd, NE	26 c/o Richard D. Moore
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 21 Racetrack Rd, NE
23 City & State: Fort Walton Beach, FL	28 City & State: Fort Walton Beach, FL
24 Zip: 32547 25 Country: Okaloosa	29 Zip: 32547 30 Country: Okaloosa

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-2915663 ☐ 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
MOORE, RICHARD D. 4777 MEADOW LAKE DR CRESTVIEW FL 32536	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, RICHARD D.		1.2 NAME	
STREET ADDRESS	4777 MEADOW LAKE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, RICHARD MARK		2.2 NAME	
STREET ADDRESS	708 LOIS CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOVOSAD, STEPHAN R.		3.2 NAME	
STREET ADDRESS	516 SURREY ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAY, WILLIAM R.		4.2 NAME	
STREET ADDRESS	115 STAR DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Richard Mark Powers 2/24/96 904-864-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #