

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079983 (1)
1. Corporation Name

GULFSTREAM INTERCOASTAL REALTY, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 850 N. COURTENAY PKWY. STE. A-11 MERRITT ISLAND FL 32953 US | 2110 HIDDEN GROVE LN. MERRITT ISLAND FL 32953 US |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 1610 Mercury ST. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 Merritt Island, FLA. |
| 24 Zip | 29 32953 |
| 25 Country | 30 USA |

| | |
|--|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 11/19/1993 | 05/01/1995 |
| 4. FEI Number | Applied For |
| 59-3226053 | 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |

9. Name and Address of Current Registered Agent

HOLMES, ALAN
950 N. COURTENAY PKWY
SUITE A11
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|---------------------------------|
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | HOLMES, ALAN | |
| STREET ADDRESS | 950 N. COURTENAY PKWY, ST. 11A | |
| CITY - ST - ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | HOLMES, SHIRLEY | |
| STREET ADDRESS | 950 N. COURTENAY PKWY, ST. 11A | |
| CITY - ST - ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Alan G. Holmes *Alan G. Holmes* Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-9-96 407-453-0111
Date Original Filing #

CR2E034 (3/96)