

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 4/5/93: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000001105 (3)

1. Corporation Name

GULF COAST TRAVEL PROMOTIONS, INC.

Principal Place of Business

14023 N DALE MABRY HWY  
TAMPA FL 33618

Mailing Address

14023 N DALE MABRY HWY  
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report
4. FEI Number 59-3233872	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. 198.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3816 W LINENBAUGH AVE	2c SAME
22 Suite, Apt. #, etc 402	27 Suite, Apt. #, etc
23 City & State TAMPA FL	26 City & State
24 Zip 33618	29 Country USA

9. Name and Address of Current Registered Agent

FEST, CHARLES  
14023 N DALE MABRY HWY  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
16617 VALLELY DRIVE  
83  
84 City  
TAMPA FL 85 Zip Code  
33618

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 of applicant)

Signature (Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEST, CHARLES
STREET ADDRESS	16617 VALLELY DR
CITY, ST, ZIP	TAMPA FL 33618
TITLE	D
NAME	HOLT, PAUL
STREET ADDRESS	14027 CLUBHOUSE CIR #2707
CITY, ST, ZIP	TAMPA FL 33624
TITLE	D
NAME	KOSMAS, MIKE
STREET ADDRESS	137 MARINA BAY DR
CITY, ST, ZIP	NEW SMYRNA BEACH FL 32701
TITLE	D
NAME	NOSTRO, TONY
STREET ADDRESS	16216 RAMBLING VINE
CITY, ST, ZIP	TAMPA FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, T, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 140.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95

813-960-4077

CR2E034 (3/95)