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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000029016 (0)

1. Corporation Name

GULF COAST REALTY MANAGEMENT CORPORATION

Principal Place of Business

C/O RAYMOND J. MCORRY, ESO.  
124 CHERRY VALLEY AVE.  
GARDEN CITY NY 11530

Mailing Address

P.O. BOX 3258  
NAPLES FL 34106-3258  
US



3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

11-3208551

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ARJOMAND, ESKANDAR	
STREET ADDRESS	12 LAKESIDE DRIVE	
CITY - ST - ZIP	RYE NY 10580	
TITLE	D	DELETE
NAME	NAZEMIAN, JAHANGIR	
STREET ADDRESS	24 HEATHCOTE ROAD	
CITY - ST - ZIP	SCARSDALE NY 10582	
TITLE	P	DELETE
NAME	FAILY, MANOU	
STREET ADDRESS	6304 LONG MEADOW RD	
CITY - ST - ZIP	MCLEAN VA 22101	
TITLE	D	DELETE
NAME	VAHABZADEH, AHMED	
STREET ADDRESS	AFIWA SA 118 RUE DU RHONE	
CITY - ST - ZIP	1211 GENEVA 3 SW	
TITLE	EVF	DELETE
NAME	RABII, FEREYDOON	
STREET ADDRESS	1230 RIDGEWOOD RD	
CITY - ST - ZIP	BRYN MAWR PA	
TITLE	ST	DELETE
NAME	MCORRY, RAYMOND J	
STREET ADDRESS	124 CHERRY CALLEY AVE	
CITY - ST - ZIP	GARDEN CITY NY 11530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 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:

F. Rabii

Jan 8. 97 441 592 9552

Date

Daytime Phone #

CR2E034 (9/96)