

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037659 (7)

1. Corporation Name

GOLD COAST TOUR AND TRAVEL, INC.



Principal Place of Business

Mailing Address

FIRST UNION TOWER STE. 306
24 CATHEDRAL PLACE
ST. AUGUSTINE FL 32084

FIRST UNION TOWER STE. 306
24 CATHEDRAL PLACE
ST. AUGUSTINE FL 32084

2. Principal Place of Business

2a. Mailing Address

21 24 CATHEDRAL PLACE

26 24 CATHEDRAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 412

27 SUITE 412

City & State

City & State

23 ST AUGUSTINE FLORIDA

28 ST AUGUSTINE FLORIDA

Zip

Country

Zip

Country

24 32084

25 ST JOHNS

29 32084

30 ST JOHNS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATES, ELIZABETH H
FIRST UNION TOWER STE. 306
24 CATHEDRAL PLACE
ST. AUGUSTINE FL 32084

81 Name
GATES, ELIZABETH H.

82 Street Address (P.O. Box Number is Not Acceptable)
FIRST UNION TOWER / SUITE 412

83 24 CATHEDRAL PLACE

84 City
ST AUGUSTINE

FL

85 Zip Code
32084

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: Block for Agent Signature to be filled when submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
HOLIDAY, ANDREA
551 CARCABA ROAD
ST. AUGUSTINE FL 32094

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GATES, ELIZABETH H
551 CARCABA ROAD
ST. AUGUSTINE FL 32095

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DAVIS, CAROL
141 HOLLISTER CEMETARY ROAD
HOLLISTER FL 32147

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

Elizabeth H. Gates

4/3/96

904 824 3825

CR2E034 (12/95)