

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037659 (7)**

1. Corporation Name

GOLD COAST TOUR AND TRAVEL, INC.

Principal Place of Business

24 CATHEDRAL PLACE
SUITE 412
ST. AUGUSTINE FL 32084
US

Mailing Address

24 CATHEDRAL PLACE
SUITE 412
ST. AUGUSTINE FL 32084-4428
US

2. Principal Place of Business

21 551 CARCABA RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 551 CARCABA RD.

Suite, Apt. #, etc.

22

City & State

23 ST. AUGUSTINE

Zip

Country

City & State

28 ST. AUGUSTINE

Zip

Country

24 FL. 32095

25 ST. JOHN'S

29 FL. 32095

30 ST. JOHN'S

9. Name and Address of Current Registered Agent

GATES, ELIZABETH H
FIRST UNION TOWER SUITE 412
24 CATHEDRAL PLACE
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **551 CARCABA RD.**

84 City

ST. AUGUSTINE

FL Zip Code **32095**

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 registering)

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	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP FZ. 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GATES, ELIZABETH H 551 CARCABA ROAD ST. AUGUSTINE FL 32095	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP FL. 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, CAROL 141 HOLLISTER CEMETARY ROAD HOLLISTER FL	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP FL. 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 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 *Andrea Holiday* (ANDREA HOLIDAY) 4/29/97 (904)824-3825

CR2E034 (9/96)