

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

FILED

**Feb 10 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 # P94000050670 (6)
1. Corporation Name
GOLDCOAST SPORTS, INC.



Principal Place of Business: **999 CATTLEMEN ROAD, UNIT C SARASOTA FL 34232**
Mailing Address: **999 CATTLEMEN ROAD, UNIT C SARASOTA FL 34232-2849**

2. Principal Place of Business (21-24) / 2a. Mailing Address (25-30)
Suite, Apt. #, etc. (22, 27)
City & State (23, 28)
Zip (24, 29) / Country (25, 30)

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0508467**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**MOXLEY, R. ROBERT
999 CATTLEMEN ROAD, UNIT C
SARASOTA FL 34232**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOXLEY, R. ROBERT	
STREET ADDRESS	2715 FOREST KNOLL DRIVE	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DROST, HENRY F	
STREET ADDRESS	3426 MCINTOSH ROAD	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGERT, RAYMOND G III	
STREET ADDRESS	529 E. LAKE DRIVE	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, GLENN D	
STREET ADDRESS	3816 E. FOREST LAKES DRIVE	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES E. BOYD	
STREET ADDRESS	6493 TAEDA DR	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
5.2 NAME	D JAMES E. BOYD
5.3 STREET ADDRESS	6493 TAEDA DR
5.4 CITY - ST - ZIP	SARASOTA FL 34241
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 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: _____ DATE: **1/3/97**

CR2E034 (9/96)