

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
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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
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3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0508467	Applied For <input type="checkbox"/> 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

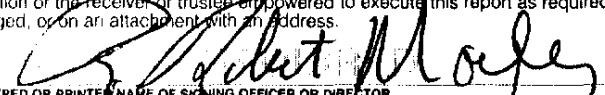
9. Name and Address of Current Registered Agent MOXLEY, R. ROBERT 999 CATTLEMEN ROAD, UNIT C SARASOTA FL 34232	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOXLEY, R. ROBERT	1.2 NAME	
STREET ADDRESS	2715 FOREST KNOLL DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROST, HENRY F	2.2 NAME	
STREET ADDRESS	3426 MCINTOSH ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGERT, RAYMOND G III	3.2 NAME	
STREET ADDRESS	529 E. LAKE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GLENN D	4.2 NAME	
STREET ADDRESS	3816 E. FOREST LAKES DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. BOYD	5.2 NAME	JAMES E. BOYD
STREET ADDRESS	6493 TAEDA DR	5.3 STREET ADDRESS	6493 TAEDA DR
CITY - ST - ZIP	SARASOTA FL 34241	5.4 CITY - ST - ZIP	SARASOTA FL 34241
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  1/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (9/96)