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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 19 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059924

1. Corporation Name

GULF COAST RENOVATIONS, INC

Principal Place of Business

TALLAHASSEE

Mailing Address

P.O. BOX 5813
TALLAHASSEE, FL. 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/94

4. FEI Number
59-3260053

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 owes the current year filing tax Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 TALLAHASSEE
Suite, Apt. #, etc.
22 3409 BLUE QUILL LN
City & State
23
Zip 24 32312 Country 25 LEON

2a. Mailing Address
26 P.O. BOX 5813
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE, FL
Zip 29 32314 Country 30 LEON

9. Name and Address of Current Registered Agent

WOJCIECH RUTKOWSKI
3409 BLUE QUILL LN
TALLAHASSEE, FL. 32312

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 JAN RUTKOWSKI 04/19/99
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required below) Date

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT [ ] DELETE
NAME	WOJCIECH RUTKOWSKI
STREET ADDRESS	3409 BLUE QUILL LN
CITY-ST-ZIP	TALLAHASSEE, FL. 32312
TITLE	V-PRESIDENT-TREASURER [ ] DELETE
NAME	JAN RUTKOWSKI
STREET ADDRESS	1575 PAUL RUSSELL Rd Apt. 89
CITY-ST-ZIP	TALLAHASSEE, FL 3230,
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

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14. I 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, with all other like empowered.

SIGNATURE: JAN RUTKOWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date