

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000028973 (2)

1. Corporation Name

GULF COAST INDUSTRIES, INC.



Principal Place of Business

4455 WESTROADS DRIVE
SUITE 202
WEST PALM BEACH FL 33407-1207

Mailing Address

4455 WESTROADS DRIVE
SUITE 202
WEST PALM BEACH FL 33407-1207

2. Principal Place of Business

2a. Mailing Address

21 2000 AVE P

26 2000 AVE P

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #12

27 SUITE #12

City & State

City & State

23 RIVIERA BEACH FLA

28 RIVIERA BEACH FLA

Zip

Country

Zip

Country

24 33404

25 Palm Beach

29 33404

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

4. FEI Number

65-0572598

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

COOPER, KELLY
4455 WESTROADS DRIVE
SUITE 202
WEST PALM BEACH FL 33407-1207

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

KELLY J. COOPER

(NOTE: Registered Agent Signature Required when Changing)

Kelly J. Cooper

5/1/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COOPER, KELLY J
STREET ADDRESS 4455 WESTROADS DRIVE, SUITE 202
CITY-ST-ZIP WEST PALM BEACH FL 33407-1207

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

TITLE D
NAME LAIRD, VICKI
STREET ADDRESS 4455 WESTROADS DRIVE, SUITE 202
CITY-ST-ZIP WEST PALM BEACH FL 33407-1207

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

5/1/96

Date

Daytime Phone #

CR2E034 (12/95)