

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069051 (7)
1. Corporation Name

GULF COAST EUROPEAN INC.



Principal Place of Business: 1975-D SHERWOOD STREET CLEARWATER FL 34625
Mailing Address: 1975-D SHERWOOD STREET CLEARWATER FL 34625

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0605484
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 20 S. MYRTLE AVE, 22 CLEARWATER FL, 24 34616
2a. Mailing Address: 26 20 S. MYRTLE AVE, 27 CLEARWATER FL, 29 34616
23. City & State: CLEARWATER FL, 28. City & State: CLEARWATER FL, 25. Pinellas, 30. Pinellas

9. Name and Address of Current Registered Agent: HAGAN, PETER F, 134 WEST YORK COURT, LONGWOOD FL 32779
10. Name and Address of New Registered Agent: 81 Name: SAME, 82 Street Address: SAME, 83 [Blank], 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: Peter J. Hagan V.P. PETER F. HAGAN, DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ULRICH, JAMES L	
STREET ADDRESS	1417 NURSERY ROAD	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE	D	DELETE
NAME	ULRICH, NANCY L	
STREET ADDRESS	1417 NURSERY ROAD	
CITY - ST - ZIP	CLEARWATER FL 34616	
TITLE	D	DELETE
NAME	HAGAN, PETER F	
STREET ADDRESS	134 W. YORK COURT	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	DELETE
NAME	HAGAN, ROXANNE	
STREET ADDRESS	134 W. YORK COURT	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[Blank]	Change	Addition
12 NAME	[Blank]		
13 STREET ADDRESS	[Blank]		
14 CITY - ST - ZIP	[Blank]	Change	Addition
21 TITLE	[Blank]	Change	Addition
22 NAME	[Blank]		
23 STREET ADDRESS	[Blank]		
24 CITY - ST - ZIP	[Blank]	Change	Addition
31 TITLE	[Blank]	Change	Addition
32 NAME	[Blank]		
33 STREET ADDRESS	[Blank]		
34 CITY - ST - ZIP	[Blank]	Change	Addition
41 TITLE	[Blank]	Change	Addition
42 NAME	[Blank]		
43 STREET ADDRESS	[Blank]		
44 CITY - ST - ZIP	[Blank]	Change	Addition
51 TITLE	[Blank]	Change	Addition
52 NAME	[Blank]		
53 STREET ADDRESS	[Blank]		
54 CITY - ST - ZIP	[Blank]	Change	Addition
61 TITLE	100001919051	Change	Addition
62 NAME	-08/12/96--01032--038		
63 STREET ADDRESS	***225.00		
64 CITY - ST - ZIP	[Blank]		

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, as it further certifies 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: Peter J. Hagan V.P., DATE: 8/5/96, (813) 461-0608

CR2E034 (3/96)