

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name
GULF COAST SUNROOMS, INC.

Principal Place of Business 2940 SOUTH TAMiami TRAIL SARASOTA FL 34239 240 US 41 OSPREY, FL 34229		Mailing Address 2940 SOUTH TAMiami TRAIL SARASOTA FL 34239-6105 240 US 41 OSPREY, FL		3. Date Incorporated or Qualified 02/26/1996		3a. Date of Last Report None	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0675319		Applied For Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHEA, JOHN 2940 SOUTH TAMiami TRAIL SARASOTA FL 34239 630 S. ORANGE AVE, 3rd Floor SARASOTA, FL 34236				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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE D ELSBREE, SCOTT 6301 S. GATOR CREEK BLVD. SARASOTA FL 34241				1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
2. TITLE D KRUTHOFF, TIMOTHY 4788 SLOAN AVE. SARASOTA FL 34233				2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
3. TITLE DELETE <input type="checkbox"/>				3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
4. TITLE DELETE <input type="checkbox"/>				4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
5. TITLE DELETE <input type="checkbox"/>				5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
6. TITLE DELETE <input type="checkbox"/>				6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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: [Signature] B. ELsbree 4/30/97 941-366-8330							