

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

101

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG -7 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000030034 (8)

1. Corporation Name
GHISLAIN COTE, INC.

Principal Place of Business: 44 BLUEWATER DR KEY WEST FL 33040
Mailing Address: 11 BLUEWATER DR KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 54 GULF CLUB DR.		26 54 GULF CLUB DR.		04/01/1996			
22 Suite, Apt. #, etc. APT 54		27 Suite, Apt. #, etc. APT 54		4. FEI Number 65-0664979		Applied For Not Applicable	
23 City & State KEY WEST, FL		28 City & State KEY WEST, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33040		25 Country U.S.		29 Zip 33040		30 Country U.S.	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COTE, GHISLAIN 11 BLUEWATER DR KEY WEST FL 33040				81 Name GHISLAIN COTE			
				82 Street Address (P.O. Box Number is Not Acceptable) 54 GULF CLUB DR. # 54			
				83			
				84 City KEY WEST FL 85 Zip Code 33040			

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 of 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]* *[Signature]* 8-1-97
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			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTE, GHISLAIN		1.2 NAME	GHISLAIN COTE			
STREET ADDRESS	11 BLUEWATER DR		1.3 STREET ADDRESS	54 GULF CLUB DR # 54			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	KEY WEST FL 33040			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME	900002264979-- 3			
STREET ADDRESS			3.3 STREET ADDRESS	-08/12/97--01080--011			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****165.00 ****165.00			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" 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: *[Signature]* 8-1-97

CR2E034 (4/97)

GHISLAIN COTE, INC.
54 GULF CLUB DR. # 54
KEY WEST, FLORIDA 33040

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August 1, 1997

To whom it may concern,

I have never received the first notice of annual report. Please remove all penalties from the report.

Sincerely,

Ghislain Cote