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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90109 021 \*\*\*150.00

DOCUMENT # P97000019629

1. Corporation Name

GULF COAST RENTAL PROPERTY CORP.

Principal Place of Business

4780 WHITE TAIL LANE  
SARASOTA FL 34238

Mailing Address

4780 WHITE TAIL LANE  
SARASOTA FL 34238

2. Principal Place of Business

21 8499 S. TAMiami TRAIL

2a. Mailing Address

26 8499 S. TAMiami TRAIL

Suite, Apt. #, etc.

22 SUITE # 271

City & State

23 SARASOTA FL

Zip Country

24 34238 25 USA

27 SUITE # 271

City & State

28 SARASOTA FL

Zip Country

29 34238 30 USA

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER  
3400 S. TAMiami TRAIL  
SUITE 303  
SARASOTA FL 34239

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, DIETER		1.2 NAME	LAU, DIETER
STREET ADDRESS	4780 WHITE TAIL LANE		1.3 STREET ADDRESS	8499 S. TAMiami TRAIL, SUITE # 271
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, BRIGITTE		2.2 NAME	LAU, BRIGITTE
STREET ADDRESS	4780 WHITE TAIL LANE		2.3 STREET ADDRESS	8499 S. TAMiami TRAIL, SUITE # 271
CITY-ST-ZIP	SARASOTA FL 34238		2.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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 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 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-99

941- 918 0526

Daytime Phone #

U470420

CR2E034 (11/98)