

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000070451 (4)
 1. Corporation Name
GOLD COAST PRODUCERS, INC.



Principal Place of Business: 3322 CASSEEKEY ISLAND RD. #404 JUPITER FL 33477
 Mailing Address: 3322 CASSEEKEY ISLAND RD. #404 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2272 SW BROOKHAVENWAY
 Suite, Apt. #, etc.
 22
 City & State: 23 PALM CITY, FL
 Zip: 24 34990 Country: 25 MARTIN
 2a. Mailing Address
 26 2272 SW BROOKHAVENWAY
 Suite, Apt. #, etc.
 27
 City & State: 28 PALM CITY, FL
 Zip: 29 34990 Country: 30 MARTIN

3. Date Incorporated or Qualified: 08/13/1997
 4. FEI Number: 65-0781086 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **NOT LIABLE**

9. Name and Address of Current Registered Agent
 TODD, GARY
 3322 CASSEEKEY ISLAND RD, #404
 JUPITER FL 33477

10. Name and Address of New Registered Agent
 81 Name: TODD, GARY
 82 Street Address (P.O. Box Number is Not Acceptable): 2272 SW BROOKHAVENWAY
 83
 84 City: PALM CITY FL 85 Zip Code: 34990

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TODD, GARY	
STREET ADDRESS	3322 CASSEEKEY ISLAND RD, #404	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERT	
STREET ADDRESS	7154 N UNIVERSITY DR, #248	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TODD, LISA	
STREET ADDRESS	3322 CASSEEKEY ISLAND RD, #404	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TODD, GARY	
1.3 STREET ADDRESS	2272 SW BROOKHAVENWAY	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TODD, LINDA	
3.3 STREET ADDRESS	2272 SW BROOKHAVENWAY	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an address.

SIGNATURE: *[Signature]* GARY, TODD 9-24-98 571 272-1361

CR2E034 (5/98)