FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 'P97000098299 (5)

THE GULF COAST INFERNO, INC. Principal Place of Business Mailing Address 104 PERRY AVE PO BOX 104 FORT WALTON BEACH FL FORT WALTON BEACH FL 32549 2a. Mailing Address 2. Principal Place of Business 21 Suite, Apt. #, etc Suite. Apt. #, etc. 22

FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/11/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEVENS, BRIAN RAYMOND Name mond 57 OREGON DR 82 Street Address FORT WALTON BEACH FL 32548 83 Zip Code 325 48 Beach toRT WALTON 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, typiid or priori o name of registered agent and life d applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change **Addition** TITLE 1.1 T(TLE NAME 1.2 NAME Brian R. Stevens STREET ADDRESS 1.3 STREET ADDRESS 104 PERRY AVE 32548 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY-S1-ZIP DELETE Change TITLE 61 THLE 500002507435 -05/01/98--01037--016 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 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 trusted 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 our an all chiment with an actives.

U122-90 8ca-244-0900