

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90106 020 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045180

1. Corporation Name
GULF COAST SERVICES OF FORT MYERS, INC.



Principal Place of Business ONE BROADWAY CIRCLE FORT MYERS FL 33901	Mailing Address ONE BROADWAY CIRCLE FORT MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1998	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number 65-0863667	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Applied For
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRANCH, MARK ONE BROADWAY CIRCLE FORT MYERS FL 33901				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code FL	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City					

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Vice President / Secretary	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENIA Singleton		1.2 NAME	
STREET ADDRESS 1 BROADWAY Circle		1.3 STREET ADDRESS	
CITY-ST-ZIP Fort Myers, Florida 33901		1.4 CITY-ST-ZIP	
TITLE Director	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANIA M. BRANCH		2.2 NAME	
STREET ADDRESS 136 CLINTON ST		2.3 STREET ADDRESS	
CITY-ST-ZIP ALBANY, NY 12202		2.4 CITY-ST-ZIP	
TITLE Treasurer / President + CEO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARK BRANCH		3.2 NAME	
STREET ADDRESS 1 BROADWAY Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP Fort Myers, Florida 33901		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 an address, with all other like empowered.

SIGNATURE: Mark Branch Date: April 5, 1999 Daytime Phone #: 941-936-8075

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