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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000071390

1. Corporation Name

GULF COAST USA INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address		T (40)1001 (10 1010) (41)1 00(1) 40(1) 60(1) 60(1) 1003 (41) 1000 (41)
2128 SW 47TH TERRACE CAPE CORAL FL 33914 2128 SW 47TH TERRACE CAPE CORAL FL 33914				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
!				,
2 Oringinal D	lace of Business	2a. Mailing Address		08/12/1998 4. FEI Number 20 7 7 0 4 6 Applied For
─ '	lace of business	26. Walling Address		65-085 60 49 Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.		- \$8.75 Additional
22	#, 6tc.	27		5. Certificate of Status Desired Fee Required
City & State	е	City & State		
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>	Personal Property Tax. Yes XNo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
81 Name 1				Inothe Desmilleds
DEROUEN, SHELLY A			82 Street Add	ress (P.O. Box Number is Not Acceptable)
1953 COLONIAL BLVD				
FT. MYERS FL 33907			83 <i>\(\lambda \lamb</i>	24 SW 37th Ter.
			84 City	- A RS Zin Code
11 600				ape Coral FL 33914
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				
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. Jam Tamillar with, and accept the obligations of Section 607 0505. Florida Statutes.				
SIGNATURE	11111 4 02001	TILLYS I HINGE	ie Desba	1/1/26/17
	Signature, typed or printed partie of registered agen		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE	Change Addition
TITLE	PTD PERTOCUE EDANZ	□ pereic	1.2 NAME	,
NAME	BERTSCHE, FRANZ			
STREET ADDRESS	2128 SW 47TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE	VSD PEDTOCHE POICITTE	_ bccc,c	2.2 NAME	
NAME	BERTSCHE, BRIGITTE 2128 SW 47TH TERRACE		2.3 STREET ADDRESS	
STREET ADDRESS	CAPE CORAL FL 33914		2.4 CITY+ST-ZIP	
CITY-ST-ZIP	CAPE CONAL FL 33914	☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLÉ	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	

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 congration 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 to an attachment with any address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90061 014 ***150.00