

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S37750 (4)
1. Corporation Name
WEST COAST PROPERTIES INTERNATIONAL INC.



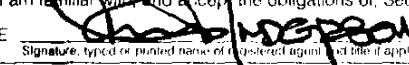
Principal Place of Business 1300 ENTERPRISE DRIVE UNIT C PORT CHARLOTTE FL 33953	Mailing Address 1300 ENTERPRISE DRIVE UNIT C PORT CHARLOTTE FL 33953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 Sportsman Rd. Suite, Apt. #, etc. 22 City & State 23 Rotonda, West, FL Zip 24 33947		2a. Mailing Address 26 110 Sportsman Rd. Suite, Apt. #, etc. 27 City & State 28 Rotonda, West, FL Zip 29 33947		3. Date Incorporated or Qualified 03/14/1991	
				4. FEI Number 59-3055426	
				5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDERSON, RUDY 3503 ACCES RD UNIT 4 ENGLEWOOD FL 32445		10. Name and Address of New Registered Agent 81 Name Rudy Anderson 82 Street Address (P.O. Box Number is Not Acceptable) 110 Sportsman Rd. 83 84 City Rotonda, West FL 85 Zip Code 33947	
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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  DATE 4-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIEROLF, ERNST 1300 ENTERPRISE DR., UNIT C PORT CHARLOTTE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PETRAMALA, SHARON K. 1300 ENTERPRISE DR., UNIT C PORT CHARLOTTE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIEROLF, MARGARETHA 1300 ENTERPRISE DR., UNIT C PORT CHARLOTTE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DIEROLF - PSTD  4-15-98 1-941-473144

CR2E034 (10/97)