

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S81356 (5)
1. Corporation Name GOLD COAST REAL ESTATE CENTER, INC.

Principal Place of Business 3500-A SOUTH NOVA RD. PORT ORANGE FL 32119	Mailing Address 3500-A SOUTH NOVA RD. PORT ORANGE FL 32119
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2. Principal Place of Business 21 831 Railroad St Suite, Apt. #, etc. 22 Unit #10 City & State 23 Port Orange FL Zip 24 32119 Country 25 USA	2a. Mailing Address 26 831 Railroad St Suite, Apt. #, etc. 27 Unit #10 City & State 28 Port Orange FL Zip 29 32119 Country 30 USA
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9. Name and Address of Current Registered Agent ALLMON, DONNA V 5804 NOB HILL BLVD. PORT ORANGE FL 32127

FILED
98 JAN 16 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 75-98	
3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 10/20/1994
4. FEI Number 59-3085957	Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name ALLMON, Donna V.	
82 Street Address (P.O. Box Number is Not Acceptable) 30 Westmoreland DR.	
83	
84 City Palm Coast	85 Zip Code FL 32164

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 607.0503, Florida Statutes.	
SIGNATURE <i>Donna V. Allmon</i>	DATE 1-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUMBERT, WILLIAM H 800 OTTER SOUTH DAYTONA FL 32119 Delete	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLMON, DONNA V 5804 NOB HILL BLVD. PORT ORANGE FL 32127 President	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.		
SIGNATURE: <i>Donna V. Allmon</i>	DATE 1-9-98	DAYTIME PHONE # 904-437-1616