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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V45834

1. Corporation Name

GULF COAST FIELD CLUB, INC.

3-18-96-8-2331 (1)



Principal Place of Business

7290 - 424 COLLEGE PARKWAY
SUITE 424
FT. MYERS FL 33907
US

Mailing Address

C/O BMCO 126 E. 56TH ST.
10TH FLOOR
NEW YORK NY 10022
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, MERRITT A.
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
VAN CLIEF, MARY ANN
7290 424 COLLEGE PARKWAY
FT MYERS FL

☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
PEREIRA, JEANETTE
126 EAST 56 ST.
NEW YORK NY

☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AVP
HALL, VALERIE A.
7290-424 COLLEGE PARKWAY
FT. MYERS FL

☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

Mary Ann Van Clief

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-12-96

Date:

(212)644-0774

Daytime Phone #

CR2E034 (12/95)