

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

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90042 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 201149

1. Corporation Name

GOLD COAST CRANE SERVICE, INC.

Principal Place of Business

JOSEPH VILLELLA
4450 N 29TH AVE
HOLLYWOOD FL 33020

Mailing Address

JOSEPH VILLELLA
4450 N 29TH AVE
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1957

4. FEI Number

59-0811880

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

VILLELLA, FRANK
4450 NORTH 29TH AVENUE
HOLLYWOOD FL 33022

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	VILLELLA, THOMAS L	
STREET ADDRESS	700 SE 123 ST RD	
CITY-ST-ZIP	OCALA FL	
TITLE	V	DELETE
NAME	VILLELLA, JENNIE	
STREET ADDRESS	38 EASTMONT RD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	T	DELETE
NAME	VILLELLA, FRANK J	
STREET ADDRESS	601 N 46TH AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	S	DELETE
NAME	SHORT, DAVID	
STREET ADDRESS	5515 GRANT STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE/RECEIVED

1-7-99

CR2E034 (1/98)