

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90055 011 ***150.00

DOCUMENT # 349269

1. Corporation Name

GOLD COAST BEVERAGE DISTRIBUTORS, INC.

Principal Place of Business

**3325 NW 70TH AVE
MIAMI FL 33122
US**

Mailing Address

**44 COCOANUT ROW
SUITE T-8
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1969

4. FEI Number

59-1264956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required--

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**ROSS M. LEVIN
3325 N.W. 70TH AVE.
MIAMI FL 33122**

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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CD**
STEPHEN A. LEVIN
STREET ADDRESS **44 COCONUT ROW, STE T-8**
CITY-ST-ZIP **PALM BCH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TASD**
MARTIN SWEREN
STREET ADDRESS **44 COCONUT ROW, STE T-8**
CITY-ST-ZIP **PALM BCH FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **CFO**
FERNANDEZ, ALFONSO G
STREET ADDRESS **3325 NW 70 AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **P**
DON B. SHAVER
STREET ADDRESS **1751 N.W. 12TH AVE.**
CITY-ST-ZIP **POMPANO BCH FL**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **PRESIDENT**
4.3 STREET ADDRESS **ARTHUR FRIEDMAN**
4.4 CITY-ST-ZIP **1751 N.W. 12TH AVE.**
POMPANO BEACH, FL 33088

TITLE ☐ DELETE

NAME **S**
ROSS M. LEVIN
STREET ADDRESS **3325 NW 70 AVE.**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 #

CR2E034 (1/98)