

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004689 (4)**

1. Corporation Name

GOLDEN COAST MANAGEMENT SERVICES, INC.



Principal Place of Business

3030 S. COLLEGE AVE., SUITE 201
FORT COLLINS CO 80525

Mailing Address

3030 S. COLLEGE AVE., SUITE 201
FORT COLLINS CO 80525

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

N/A

4. FET Number

33-0441427

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

VALADEZ, BENNIE
1350 BEAR RUN BLVD.
ORANGE PARK FL 32065

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 of Special Agent in Charge (Agent) (Block 9)

Signature of Registered Agent (Registered Agent) (Block 9)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	HITZ, STEVEN A	
STREET ADDRESS	1309 HEPPLWHITE CT	
CITY - ST - ZIP	FT COLLINS CO 80526	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HITZ, GINGER L	
STREET ADDRESS	1309 HEPPLWHITE CT	
CITY - ST - ZIP	FT COLLINS CO 80526	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOVACH, JON C	
STREET ADDRESS	631 AGAPE WAY	
CITY - ST - ZIP	FT COLLINS CO 80524	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRETT, GLONDA A	
STREET ADDRESS	5215 FOX HILLS DR	
CITY - ST - ZIP	FT COLLINS CO 80526	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARDY, SYDNEY M	
STREET ADDRESS	1248 CAMELBACK CT	
CITY - ST - ZIP	FT COLLINS CO 80525	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Thompson, Richard	
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thompson, Richard	
13 STREET ADDRESS	7876 Hathaway Ln.	
14 CITY - ST - ZIP	Ft. Collins, Co 80525	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Goldberg, Steven H.	
23 STREET ADDRESS	2961 Garrett Dr.	
24 CITY - ST - ZIP	Ft. Collins, Co 80526	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Glonda A. Garrett* V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 970) 223-0333

DATE PHONE # X16

CR2E034 (12/95)