

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L87324** (4)

1. Corporation Name
GOLD COAST SIGNS, INC.

Principal Place of Business Mailing Address
2732 NORMAN DR 2732 NORMAN DR
W PALM BCH FL 33409 W PALM BCH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0204824	Applied For <input type="checkbox"/> Net 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
CHASE, CECELIA J.
231 SANDPIPER AVE
R. PALM BCH FL 33411

10. Name and Address of New Registered Agent
81 Name **CHASE, ZACHARY H.**
82 Street Address (P.O. Box Number is Not Acceptable)
1776 King's Highway
83 **Ft. Pierce, FL**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE *Zachary H. Chase* **Zachary H. Chase** DATE

12. OFFICERS AND DIRECTORS

TITLE VP	NAME CHASE, ZACHARY H.
STREET ADDRESS 1776 KING'S HWY	CITY, ST, ZIP FT. PIERCE FL
TITLE DP	NAME CHASE, CECELIA J
STREET ADDRESS 231 SANDPIPER AVE	CITY, ST, ZIP R PALM BCH FL
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PRES. / DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME Zachary H. Chase	
3. STREET ADDRESS 1776 King's Hwy	
4. CITY, ST, ZIP Ft. Pierce, FL	
5. TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME Theodore S. Chase	
7. STREET ADDRESS 511 Sandtree Dr.	
8. CITY, ST, ZIP Palm Beach Gardens, FL-33403	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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(6)(b), 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 registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of change of or as attachment with an address.

SIGNATURE: *Theodore S. Chase* **Theodore S. Chase**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 407-689-7446
DATE TELEPHONE #