

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 536778

(4)

1. Corporation Name

GOLDCOAST MECHANICAL, INC.



Principal Place of Business

14725 N. MIAMI AVE
NORTH MIAMI FL 33168

Mailing Address

14725 N. MIAMI AVE
NORTH MIAMI FL 33168

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

SCHULER, ELIOT
14725 N. MIAMI AVE
N. MIAMI FL 33168

3. Date Incorporated or Qualified

06/09/1977

3a. Date of Last Report

01/18/1995

4. FEI Number

59-1807165

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

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 of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

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2. NAME

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2. NAME

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4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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 included 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. I am an officer or director of the corporation or the receiver or trustee or person 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:

Eliot Schuler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

945-9859

CR2E034 (12/95)