

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L87324** (4)  
1. Corporation Name  
**GOLD COAST SIGNS, INC.**



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

3. Date Incorporated or Qualified: 07/12/1990  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	65-0204824	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CHASE, ZACHARY H.  
1776 KING'S HWY  
FT. PIERCE FL 33411

81	Name	Zachary H. Chase
82	Street Address (P.O. Box Number is Not Acceptable)	4175A Woods Edge Circle
83		
84	City	Palm Beach Gardens
85	Zip Code	FL 33410

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ZACHARY H.	1.2 NAME	Zachary H. Chase
STREET ADDRESS	1776 KING'S HWY	1.3 STREET ADDRESS	4175A Woods Edge Circle
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CHASE, CECELIA J <input checked="" type="checkbox"/>	2.2 NAME	
STREET ADDRESS	231 SANDPIPER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	R PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE S. CHASE	3.2 NAME	Theodore S. Chase <input checked="" type="checkbox"/>
STREET ADDRESS	511 SANDTREE DR.	3.3 STREET ADDRESS	901 Lake Shore Drive #106
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Lake Park, FL 33403
TITLE		4.1 TITLE	President. Chase <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Heather H. Chase
STREET ADDRESS		4.3 STREET ADDRESS	901 Lake Shore Dr. #106
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Park, FL 33403
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Theodore S. Chase*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 407-889-7446  
Date DayTime Phone #

CR2E034 (12/95)