## 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** 

## DOCUMENT # 536778 1. Corporation Name

GOLDCOAST MECHANICAL, INC.

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90030 003 \*\*\*150.00



		•						
Principal Place of Bus	iness	Mailing Address				-		HADAH ONGHA BADAH HODA
14725 N. MIAMI AVE NORTH MIAMI FL 33168		14725 N. MIAMI AVE NORTH MIAMI FL 33168			20 1107 1107			
						3. Date Incorporated or Qualifed	E IN THIS SPACE	
						06/09/1977		
2. Principal Place of E	Business	2a. Mailing Address				4. FEI Number	1	Applied For
21		26		سخت		59-1807-165		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					_ \$8.7	5 Additional
22	•	27				5. Certifcate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing	<b> \$5.0</b>	<b>00</b> May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
9. Na	ame and Address of Current I	Registered Agent		81 N		10. Name and Address of New Ro	egistered Agent	
SCHULER,	FLIOT			OI N	lame			
14725 N. N	IIAMI AVE		ļ	<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Acceptat	ole)	
N. MIAMI F	L 33168			83		The state of the s	日前 新州南江海州市	
	· •			84 C	ity	・ 大学者の「我」とは、「心臓・神・神・神・神・神・神・神・神・神・神・神・神・神・神・神・神・神・神・神	<b>₽</b> 85 Z	ip Code
11. Pursuant to the pr	ovisions of Sections 607.0502 a	and 607.1508. Florida Si	tatutes, the at	j pove-na	amed corpo	ration submits this statement for the p	purpose of changing	its registered
office or registered	d agent, or both, in the State of ar with, and accept the obligation	Florida: Such change w	as authorized	by the	corporation	's board of directors. I hereby accept	the appointment as	registered
				itoe	•			
_	ar with, and accept the obligation	ris or, Section 607.0505	, Fiorida Stati	ites.	·			
SIGNATURE	typed or printed name of registered agent as		•	ites.		when reinstating):	DATE	
SIGNATURE		nd title if applicable. (I	NOTE: Registered	ites.		when reinstating) : ADDITIONS/CHANGES TO OFF		TORS IN 12
SIGNATURE Signature.  12. TITLE P	typed or printed name of registered agent at OFFICERS AND	nd title if applicable. (I	NOTE: Registered	Ites. Agent sign				
SIGNATURE  12. TITLE P NAME SCHI	typed or printed name of registered agent at OFFICERS AND	nd title if applicable. (I	NOTE: Registered	Agent sign		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
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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 attactorient with an address, with all other like empowered.

SIGNATURE:X

TELIOT SCHULER

1/5/99

(305)945 8387