

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90067 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L87324**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1990**
 4. FEI Number: **65-0204824**
 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26
 22 Suite, Apt. #, etc.: 27
 23 City & State: 28
 24 Zip: 25 Country: 29
 30

9. Name and Address of Current Registered Agent
ZACHARY H. CHASE
4175A WOODS EDGE CIRCLE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable): **4038 BARCELONA ST SE**
 83:
 84 City: **STUART** FL 85 Zip Code: **34997**

11. Pursuant to the provisions of Sections 607.0501 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHASE, ZACHARY H.	
STREET ADDRESS	4038 BARCELONA ST SE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEATHER H. CHASE	
STREET ADDRESS	901 LAKE SHORE DRIVE, #106	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THEODORE S. CHASE	
STREET ADDRESS	901 LAKE SHORE DRIVE, #106	
CITY-ST-ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 change, or on an attachment with an address, with all other like empowered

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

7/26/99 561-689-7446
Date Daytime Phone #

CR2E034 (11/98)