

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **518913** (9)  
1. Corporation Name  
**GOLD COAST PRESS, INC.**



Principal Place of Business: **1222 ORANGE AVENUE FT. PIERCE FL 34950**  
Mailing Address: **1222 ORANGE AVENUE FT. PIERCE FL 34950**

*M O V E D*

2. Principal Place of Business  
21 **3255 S. U.S. 1**  
22 Suite, Apt. #, etc.  
23 **FT Pierce FL**  
24 **34982** 25 **ST LUCIE**  
26 **SAME**  
27 City & State  
28 **FL**  
29 **ST LUCIE** 30

3. Date Incorporated or Qualified: **11/22/1976**  
3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **59-1705591**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DELEVANTE, KENNETH L. JR.  
1114 TRINIDAD AVE.  
FT. PIERCE FL 34982**

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 607.0602 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 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **PRES**  DELETE  
NAME: **DELEVANTE, KEN, JR.**  
STREET ADDRESS: **1114 TRINIDAD AVE.**  
CITY-STATE-ZIP: **FT. PIERCE FL 34982**  
TITLE: **Vice President/Treasurer**  DELETE  
NAME: **Delevante, Valerie R.**  
STREET ADDRESS: **1114 Trinidad Ave.**  
CITY-STATE-ZIP: **Ft. Pierce, FL 34982**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: **Vice President/Treasurer**  Change  Addition  
1.2 NAME: **Delevante, Valerie**  
1.3 STREET ADDRESS: **1114 Trinidad Ave.**  
1.4 CITY-STATE-ZIP: **Ft. Pierce, FL 34982**

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 supplement thereto 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: **Kenneth L Delevante Jr. Valerie Delevante Jr.** 1/29/96 407 461 5715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date & Phone #

CR2E034 (12/95)