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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 518913 (9)

1. Corporation Name

GOLD COAST PRESS, INC.

Principal Place of Business / Mailing Address

3255 SOUTH U.S.#1
FORT PIERCE, FL 34982

5. Principal Place of Business (21)	5a. Mailing Address (66)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (67)
City & State (23)	City & State (68)
Zip (24) / County (25)	Zip (69) / County (70)

6. Date Incorporated or Qualified: 11/22/1976
6a. Date of Last Report: 1/29/96
7. FEI Number: 59-1705591
8. Certificate of Status Desired
9. Election Campaign Financing Trust Fund Contribution
10. This corporation has liability for insurable tax under Florida Statutes: Yes / No

11. Name and Address of Current Registered Agent

KENNETH L. DELEVANTE JR.
1114 TRINIDAD AVENUE
FORT PIERCE, FL 34982

11a. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box N. mber is Not Acceptable)
63
64 City / 65 St / 66 Zip Code

12. 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/we hereby accept the appointment as registered agent. I/we am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [redacted] Ron Delevante DATE
Signature, name or printed name of Registered Agent and date if applicable. NOTE: Registered Agent signature required when changing.

13. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./Sec. DELEVANTE, KEN, JR. 1114 Trinidad Avenue Fort Pierce, FL 34982	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres./Treas. Delevante, Valerie R. 1114 Trinidad Avenue Fort Pierce, FL 34982	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13a. ADDITION OR CHANGE TO OFFICERS AND DIRECTORS

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add
2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add
5 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add
6 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add
5 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add
6 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Add

5/6/97

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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)(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 attachment with an address.

4/28/97 (561) 461 5715