## CR2E034 (11/98)

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

FIRE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						
PROFIT FLORIDA DEPARTMENT OF ST			TMENT OF STATE			
1	CORPORATION Kathering			Fileti	L = 1631	
1	JAL REPORT	Secretary		TOTAL STATE OF THE	r andr. PORATION	
	1999	DIVISION OF C		, v.	i Grathia.	
DOCUMENT # REVISED REPORT  1. Corporation Name 518913				99 AUG -5 AI	4 8:51	
GOLD	COAST PRESS,					
Principal Place of Business Mailing Address				· ·		
3255 SOUTH U.S. #1						
1				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
FORT PIERE, FL 34982				3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed	
				11/22/76		
I	lace of Business	2a. Mailing Address 26 3255 5 4	4.6.4	59-1705591	Applied For	
21 <b>60 60</b> Sylite, Apt.	#, etc.	26 3257 3. 6 Suite, Apt. #, etc.	<u>,7 / </u>		Not Applicable \$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & Stat	Plenc	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year le		
24 3 Y9 6	PL 25 U.S	29	10	Personal Property Tax	□ Yes □ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registerer	1 Agent	
81 Name						
Kenneta L DEI EVANTE 82 Street Address (P.C.				Address (P.O. Box Number is Not Acceptable)		
1114 TRINIDAD AVE						
FURT PIERIS FL 3498L B4 City FL 85 Zip Code						
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 bits if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PRES/SEC	☐ DELETE	11 TITLE	VICE PRES 4 TREAS	Change Addition	
NAME		√6nJ	1.2 NAME	Delevante Hennest		
STREET ADDRESS	THE TRINIDAG BU	E	1.3 STREET ADDRESS	1114 TRINIDAD AVE		
CiTY-ST-ZIP	FORT PIFRIE FL	DELETE	1.4 CITY-ST-ZIP	FORT PIFALE FL 34		
TITLE NAME	VICE PRES. ITREA		21 TITLE 22 NAME	Delete VALGRIE DE	Change Addition	
STREET ADDRESS	Delevante, VALERI 1114 TRIMIDAD AVE	6 R	2 3 STREET ADORESS	1	)	
CITY-ST-ZIP	FORT PIERIE, F	1 3491-	2 4 CITY-ST-ZIP	AS VICE PRES 4-7	TROAS	
TITLE	7-	☐ DELETE	31 TITLE		Change Addition	
NAME			32 NAME	-	}	
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME	90000295: -08/13/99-	98399	
STREET ADDRESS			4.3 STREET ADDRESS	-08/13/99-	-01105016	
CITY-SY-ZIP			4.4 CITY-ST-ZIP	*****61.25		
TITLE		☐ DELETE	5 1 TITLE	_	Change Addition	
NAME			52 NAME 53 STREET ADDRESS	r Acho		
STREET ADDRESS			54 CITY-ST-ZIP	VLADIA	1	
CITY-ST-ZDP TITLE		DELETE	6.1 TITLE	<i>\</i> **	Change Addition	
NAME		'	62 NAME	•		
STREET ADDRESS			6 3 STREET ADORESS		1	
CITY-ST-ZNP		70 m	64 CITY-ST-ZIP			
14. I hereby co	ecury that the information supplied with	this uling goes not quality for th	ie exemption stated	in Section 119.07(3)(i), Florida Statutes, I further ce	nity that the information	

4. I hereby certify that the information supplied with this tiling 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, with all other like empowered.

SIGNATURE: BEINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L DES BANDE DAM DAY DONNE PHONE & DAY