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

**PROFIT CORPORATION** ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 656025

(4)

GOLD COAST GROVES,INC.

**FILED** Feb 09 1998 8:00am Secretary of State

5 RiccoboNO 1-31-98

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Principal Place	e of Businoss	Mailing Address			r saline dring beine brief ebilb niest artr binn dian	ı dının Albii dinii Eidii iddi
3011 N.E. 36TH ST. 3011 N.E. 36TH ST.						
P.O. BOX 057456 WEST PALM BEACH FL 33405		P.O. BOX 057456		DO NOT WRITE IN THIS SPACE		
MEST FALM BENOTI FL 339US		WEST PALM BEACH FL 33405		3. Date Incorporated or Qualified		
					02/15/1980	!
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0030934	Not Applicable	
Suite, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			a. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28 Z		T		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Current	29    Begistered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
DIC	<del></del>	Tropistor Agent	8.	Name	(b. Hante Bild Address of New Hegistered	Agont
RICCOBONO, LOUISE 1355 W PALMETTO PK RD						
	CA RATON FL 33488		82 Street Adde		ress (P.O. Box Number is Not Acceptable)	:
500	ON 1011 12 00400		8:	<del></del>		
			84	City	FL	85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	ol Florida. Such change was a	authorized to	y the corpora	poration submits this statement for the purpose o ition's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE .		,				
Oldfortone .	Signature, typed or printed name of registered agen	Land title if approable (NO)	It : Registered Ac	jant signature requ	ired whon rainstating) DATE	
12.	OFFICERS AND		13.	··	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	V DISCOURANT MARIE	☐ DELETE	1.1 7171.6			Change Addition
NAME	RICCOBONO, MARIE		1.2 NAME			
STREET ADDRESS	1355 W PALMETTO PK RD Bova raton Fl			T ADDRESS		
CITY-ST-ZIP TITLE	D DOWN HATON PL	DELETE	1.4 CHY- 2.1 THE	S1-ZIP		Change Addition
NAME	RICCOBONO, LOUISE	C otter	2.2 NAME			
STREET ADDRESS	1355 W PALMETTO PK RD			T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY			
TITLE	Trvr	DELETE	31 TITLE	31-24		Change Addition
NAME	RICCOBONO, SIMONE	<del></del>	3.2 NAME			
STREET ADDRESS	353 WINDTREE AVE			1 ADDRESS		
CITY-ST-ZIP	THOUSAND OAKS CA		3.4 CITY			
TITLE	\$	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	BATUR, ANTOINETTE		4 2 NAME			
STREET ADDRESS	9615 COZYCRAFT AVE		4351HE8	T ADDRESS		
CITY-ST-ZIP	CHATSWORTH CA		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY - ST - ZIP		<del></del>	5.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	{		ĺ
STREET ADDRESS			6.3 STREF	LADDRESS		
CITY-ST-ZIP			6.4 CITY			
indicated (	on this annual report or supplemental	annual report is true and acc	curate and th	at my signatu	Section 119.07(3)(i), Florida Statutes. I further or tre shall have the same legal effect as if made un uired by Chapter 607, Florida Statutes, and that r	der oath: that I am an