FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:43

DOCUMENT # 702908 (5)

1. Corporation Name
GOLD COAST RAILROAD, INC.

Principal Place of Business	Mailing Address
12450 SW 152ND ST. MIAMI FL 33177-8402	12450 SW 152ND ST. MIAMI FL 33177-8402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1961
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-6136069 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PECK, JAMES
475 BUILTMORE WAY
#303
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GREER, CORNELLA	1.2 NAME		
STREET ADDRESS	12450 SW 152ND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CHATTAWAY, SAMUEL	2.2 NAME	JOHN MCCRAN	
STREET ADDRESS	12450 SW 152ND STREET	2.3 STREET ADDRESS	12450 S.W. 152 ST.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WILLISON, ROBERT	3.2 NAME		
STREET ADDRESS	12450 SW 152ND STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PECK, JAMES	4.2 NAME		
STREET ADDRESS	12450 S.W. 152ND ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	B GALEN BRENDA V.P.	☒ Change ☐ Addition
NAME	COLE, JOHN	5.2 NAME		
STREET ADDRESS	12450 SW 152ND ST	5.3 STREET ADDRESS	12450 S.W. 152 ST.	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL. 33177	
TITLE	TD	6.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DOWNING, JOHN W.	6.2 NAME		
STREET ADDRESS	10436 SW 76TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Willison (CHAIRMAN) ROBERT B. WILLISON 1/25/95 407-735-6408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044710