

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752597 (5)

1. Corporation Name

FLORIDA GOLD COAST CLASSICS, INC.



Principal Place of Business

%WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314

Mailing Address

%WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314

3. Date Incorporated or Qualified
05/23/1980

3a. Date of Last Report
10/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2029904

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSKI, WILLIAM W.
6202 S.W. 55 COURT
DAVIE FL 33314

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME WALSKI, WILLIAM W.
STREET ADDRESS 6202 SW 55 COURT
CITY-ST-ZIP DAVIE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MASSEY, SHIRLEY
STREET ADDRESS 4710 S.W. 134 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33330

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MASSEY, GENERAL
STREET ADDRESS 4710 S.W. 134 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33330

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SMITH, ELAINE
STREET ADDRESS 6370 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL 33331

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GARRISON, BILLY
STREET ADDRESS 1301 N.W. 116 AVE
CITY-ST-ZIP PLANTATION FL 33323

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SLAUGHTER, JIM
STREET ADDRESS 6161 S.W. 51 CT.
CITY-ST-ZIP DAVIE FL 33314

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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: Elaine Smith ELAINE SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

954-680-6370

Daytime Phone #

CR2E037 (12/95)