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FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

%WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314%WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314-61033. Date Incorporated or Qualified
05/23/19803a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2029904

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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 FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME MASSEY, SHIRLEY
STREET ADDRESS 4710 S.W. 134 AVE
CITY-ST-ZIP FT LAUDERDALE FL 333302.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Jackie Staughter
2.3 STREET ADDRESS 6161 S.W. 51 Ct.
2.4 CITY-ST-ZIP Davie, FL 33314TITLE D ☒ DELETE
NAME MASSEY, GENERAL
STREET ADDRESS 4710 S.W. 134 AVE
CITY-ST-ZIP FT LAUDERDALE FL 333303.1 TITLE Asst. Director ☒ Change ☐ Addition
3.2 NAME Diane St. Jean
3.3 STREET ADDRESS 1905 TAFT ST.
3.4 CITY-ST-ZIP Hollywood, FL 33020TITLE TD ☐ DELETE
NAME SMITH, ELAINE
STREET ADDRESS 6370 HAWKES BLUFF AVE
CITY-ST-ZIP DAVIE FL 333314.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GARRISON, BILLY
STREET ADDRESS 1301 N.W. 116 AVE
CITY-ST-ZIP PLANTATION FL 333235.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SLAUGHTER, JIM
STREET ADDRESS 6161 S.W. 51 CT.
CITY-ST-ZIP DAVIE FL 333146.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELAINE SMITH

Jan. 15, 1997

954-680-6370

Date

Daytime Phone # 0036257

CR2E037 (9/96)