

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90034 015 ****61.25

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DOCUMENT # 752597

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/23/1980

4. FEI Number

59-2029904

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE **S** ☐ DELETE
NAME **SLAUGHTER, JACKIE**
STREET ADDRESS **6161 SW 51 COURT**
CITY-ST-ZIP **DAVIE FL**

TITLE **AD** ☒ DELETE
NAME **ST JEAN, DIANE**
STREET ADDRESS **1905 TAFT STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **AD** ☒ Change ☐ Addition
3.2 NAME **LEWIS SLATTERY**
3.3 STREET ADDRESS **13901 S.W. 37 CT.**
3.4 CITY-ST-ZIP **DAVIE, FL 33330**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Elaine Smith* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 09, 1999
Date

954-680-6370
Daytime Phone #

CR2E037 (1/198)