FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # F456	600	(6)						
GOLD	COAST CITRUS CARET	TAKING, INC							
Principal Place	of Business	Mailing A	ddress		*** *		il Atiai Bail Bibli e i	F(I PIŲ(I))	I ŞI DI DI I BIBLI FƏQI
4570-2ND STREET BOX 572 VERO BEACH FL 32961		BOX	4570-2ND STREET BOX 572 VERO BEACH FL 32961						
VENO DEN	on FE 32301	AEG	O DEMON FL 32	:901		3. Date Incorporated or Qualific 09/22/1981	,	of Last Re 13/07/1	•
2. Principal Pla	ce of Business	2a. Mailir 26	ng Address			4. FEI Number 59-2139666			Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Not Applicable Additional
22		27				5. Certificate of Status Desired			Required
City & State		<u>├</u> ─ `	State			6. Election Campaign Financing		\$5.00	May Be
Z _I p	Country	28		-T		Trust Fund Contribution			to Fees
24	Country 25	2ip 29		Goun	try	8. This corporation has liability the Florida Statutes	for intangible tax ∕es ∷ No	under s	199.032,
<u></u>	9. Name and Address of Curr		Agent	1301		10. Name and Address of Nev		gent	
				8	Name		<u>Y</u>	<u> </u>	
LEE, WILLIAM C. 4570-2ND STREET					32 Street Add	et Address (P.O. Box Number is Not Acceptable)			
	ND STREET BEACH FL 32960			٤	33				
				Ē	34 City		FL	85 ZK	Code
	the provisions of Sections 607 05	00 and 607 1509	ECCENT NO.		_ <u>_</u>			gina da r	niatored office
Pursuant to		JUZ AHU QUT, IQUQ	i. Honda Statute	es, the above	e-named corpo	oration submits this statement for the	DUIDOSE OF CHAD		
or registere familiar with	od agent, or both, in the State of Flan, and accept the obligations of, So	orida. Such chanc	ie was authorize	ed by the co	e-named corpo rporation's boa	oration submits this statement for the aird of directors. I hereby accept the a	purpose of chan ppointment as re	ging its re egistered	agent. Lam
familiar with	o agent, or born, in the State of Fl n, and accept the obligations of, Se	orida. Such chang ection 607,0505, i	ge was authorizi Florida Statutes.	ed by the co	rporation's boa	ard of directors. I horeby accept the a	ppointment as re	ging its it egistered	agent. I am
or registere familiar with SIGNATURE	of agent, or both, in the State of Fin, and accept the obligations of, So Syrabure, typed or printed name of registered a, OFFICERS A	orida. Such chang ection 607,0505, i	ge was authorizi Florida Statutes.	ed by the co	rporation's boa	oration submits this statement for the aird of directors. I hereby accept the a marketing and the control of the statement that ADDITIONS/CHANGES TO C	ppointment as re	egistered	agent. I am
or registere familiar with SIGNATURE _s	od agent, or both, in the State of Fin, and accept the obligations of, So Syrabure, typed or printed name of registered a, OFFICERS A	orida. Such chang ection 607.0505, I jent and the if approach	ge was authorizi Florida Statutes.	ed by the co	grot signature requi	ard of directors. I hereby accept the a	ppointment as re DATE DEFICERS AND L	egistered	agent. I am
or registere familiar with SIGNATURE s	od agent, or both, in the state of hin, and accept the obligations of, So Skrature, typed or printed name of registered a, OFFICERS A	orida. Such chang ection 607.0505, I jent and the if approach	ye was authorizi Florida Statutes (NO	TL: Flogsberd A 13. 1 1 Till 1.2 NAV	gent signature request.	ard of directors. I hereby accept the a	ppointment as re DATE DEFICERS AND L	egistered DIRECTO	agent. Lam
SIGNATURE s 12. TIFLE NAME STREET ADDRESS	od agent, or both, in the state of hin, and accept the obligations of, So OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET	orida. Such chang ection 607.0505, I jent and the if approach	ye was authorizi Florida Statutes (NO	TL Flugsberd A 13. 1 1 Till 1.2 NAV	and squature required. E. F. S. E.	ard of directors. I hereby accept the a	ppointment as re DATE DEFICERS AND L	egistered DIRECTO	agent. Lam
SIGNATURE _ s 12. IIILE NAME SIREEI ADDRESS CIIY-SI-ZIP	or agent, or both, in the state of the name of registrative, typed or printed name of registrative a OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL	orida, Sucri changection 607,0505, hent and the if approving AND DIRECTORS	Je was authorizi	TLE Registrated A 13. 1 1 THE 1.2 NAV 1.3 SHRE	proporation's box good signature reques E E E E E E E F T T T T T T T T T T T T	ard of directors. I hereby accept the a	DPOINTMENT AS RELIGIOUS AND E	DIRECTO Change	agent. I am RS IN 12 Addition
SIGNATURE _ s 12. IIILE NAME STREEL ADDRESS CITY-S1-2IP	od agent, or both, in the state of the name accept the obligations of, So OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S	orida, Sucri changection 607,0505, hent and the if approving AND DIRECTORS	ye was authorizi Florida Statutes (NO	11. Fing shared A 13. 1 1 THE 1.2 NAV 1.3 SHRI 2 1 THE	and signature required. E E E E E E F S - S - Z - Z - E	ard of directors. I hereby accept the a	DPOINTMENT AS RELIGIOUS AND E	egistered DIRECTO	agent. Lam
SIGNATURE	od agent, or both, in the state of the name accept the obligations of, So OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U.	orida, Sucri changection 607,0505, hent and the if approving AND DIRECTORS	Je was authorizi	13. 1 1 1 1 1 1 1 1 1 2 1 3 5 Hz 1 2 1 3 1 1 1 1 1 1 1 2 1 2 1 3 1 Hz 2 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gent signature required. E E E E E E E E F F E E F E E	ard of directors. I hereby accept the a	DPOINTMENT AS RELIGIOUS AND E	DIRECTO Change	agent. I am RS IN 12 Addition
OF TEGISTERE FAMILIA VILLE SIGNATURE STREET ADDRESS CILY-SI-2IP TITLE NAME STREET ADDRESS STREET ADDRESS	od agent, or both, in the state of the name accept the obligations of, So OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S	orida, Sucri changection 607,0505, hent and the if approving AND DIRECTORS	Je was authorizi	13. 1 1 1 1 1 1 1 1 1 2 1 3 5 1 6 1 2 2 NAM 2 3 5 FRE	gent signature required to the signature req	ard of directors. I hereby accept the a	DPOINTMENT AS RELIGIOUS AND E	DIRECTO Change	agent. I am RS IN 12 Addition
OF TEGISTERE FAMILIAR SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Such Cham cection 607,0505, junt and the if approach AND DIRECTORS	Je was authorizi	13. 1 1 1 1 1 1 1 1 1 2 1 3 5 1 6 1 2 2 NAM 2 3 5 FRE	gent signature required to the signature req	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change	agent. I am RS IN 12 Addition
OF registere familiar with SIGNATURE s 12. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Such Cham cection 607,0505, junt and the if approach AND DIRECTORS	Je was authorizi Florida Statutes. ∴NÓ □ DELETE	13. 1 1 1 1 1 1 1 1 1 1 2 1 3 5 1 6 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and signature required to the signature requ	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF register of reg	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Such Cham cection 607,0505, junt and the if approach AND DIRECTORS	Je was authorizi Florida Statutes. ∴NÓ □ DELETE	113. 1 1 Titl 1.2 NAV 1.3 SHI 2 1 TITL 2 NAM 2.3 SHI 2 4 CITY 3 1 TITL 3 2 NAM	and signature required to the signature requ	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF TEGESTATE SIGNATURE S 12. IIILE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Changection 607,0505,	Je was authorize Florida Statutes. ING DELETE DELETE	113. 1 1 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1	EFT ADDRESS -S1-ZIP -F	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition Addition
OF register with SIGNATURE	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Changection 607,0505,	Je was authorizi Florida Statutes. ∴NÓ □ DELETE	13. 1 1 Feld the ed A 13	EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF registers with SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Changection 607,0505,	Je was authorize Florida Statutes. ING DELETE DELETE	13. 1 1 Ft L 12 NAV 1.3 SHRI 2 1 TIL 2 NAM 2.3 SHRI 2 4 CITY 3 1 TIL 32 NAM 33 SIR 34 CITY 4 : TIL 42 NAM	EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF registers with SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Changection 607,0505,	Je was authorize Florida Statutes. ING DELETE DELETE	13. 1 1 1/1/1 1.2 NAV 1.3 SIRE 2.4 CITY 3 1 TITL 3.2 NAM 3.3 SIRE 3.4 CITY 4 1 TITL 4.2 NAM 4.3 SIRE	EFT ADDRESS -S1-ZIP EFT ADDRESS -S1-ZIP EFT ADDRESS -S1-ZIP EFT ADDRESS -S1-ZIP EFT ADDRESS	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF registers with SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	Original Such Change per the Communication 607,0505, juint and the fit approved and DIRECTORS	DELETE	13. 1 1 Ft L 12 NAV 1.3 SHRE 24 CITY 3 1 TITL 32 NAM 33 SIRE 34 CITY 4 : TITL 42 NAM 43 SIRE 44 CITY 4 4 CITY	erporation's box and signature required. If IE EET ADDRESS - S1-7IF F EET ADDRESS - S1-7IF	ard of directors. I hereby accept the a	ppointment as re	OIRECTO Change Change Change	agent. I am RS IN 12 Addition Addition Addition Addition
OF registers with SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	Original Such Change per the Communication 607,0505, juint and the fit approved and DIRECTORS	Je was authorize Florida Statutes. ING DELETE DELETE	13. 1 1 Fel general A 13. 1 1 Fel general A 13 Series 14 City 2 1 Titl 22 NAM 23 Series 24 City 3 1 Titl 32 NAM 33 SER 34 City 4 : Titl 42 NAM 43 SERIes 44 City 5 1 Titl 5 1 Titl 5	EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS -S1-ZIP EET ADDRESS	ard of directors. I hereby accept the a	ppointment as re	DIRECTO Change Change	agent. I am RS IN 12 Addition Addition
OF TEGISTER OF TEGISTER SIGNATURE S 12. IIILE NAME SIREEI ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	Original Such Change per the Communication 607,0505, juint and the fit approved and DIRECTORS	DELETE	13. 1 1 Titl 12 NAV 13 SIRR 14 CITY 2 1 TITL 22 NAM 23 STRIE 24 CITY 3 1 TITL 32 NAM 33 SIRR 34 CITY 4 1 TITL 42 NAM 43 SIRR 44 CITY 5 1 TITL 52 NAM	ELI ADDRESS -S1-ZIP ELI ADDRESS	ard of directors. I hereby accept the a	ppointment as re	OIRECTO Change Change Change	agent. I am RS IN 12 Addition Addition Addition Addition
OF TEGISTREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	Original Such Change per the Communication 607,0505, juint and the fit approved and DIRECTORS	DELETE	13. 1 1 Titl 12 NAV 13 SIRR 14 CITY 2 1 TITL 22 NAM 23 STRIE 24 CITY 3 1 TITL 32 NAM 33 SIRR 34 CITY 4 1 TITL 42 NAM 43 SIRR 44 CITY 5 1 TITL 52 NAM	ELI ADDRESS -S1-ZIP ELI ADDRESS -S1-ZIP ELI ADDRESS -S1-ZIP ELI ADDRESS -S1-ZIP ELI ADDRESS	ard of directors. I hereby accept the a	ppointment as re	OIRECTO Change Change Change	agent. I am RS IN 12 Addition Addition Addition
OF TEGISTREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Charge	DELETE	13. 1 1 1/14 12 NAV 13 SIRR 14 CHY 2 1 1/11 22 NAM 23 STRE 24 CHY 3 1 1/17 32 NAM 33 SIRR 34 CHY 4 1 1/14 42 NAM 43 SIRR 44 CHY 5 1 1/14 52 NAM 53 SIRR	ELET ADDRESS -S1-ZIP ELET ADDRESS	ard of directors. I hereby accept the a	ppointment as re	OIRECTO Change Change Change	agent. I am RS IN 12 Addition Addition Addition
OF TEGESTADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Charge	DELETE DELETE DELETE DELETE	11. THE PROPERTY OF THE PROPER	ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ELI ADDRESS	ard of directors. I hereby accept the a	ppointment as re	OIRECTOI Change Change Change Change	agent. I am RS IN 12 Addition Addition Addition Addition Addition
familiar with	of agent, or both, in the State of Fin, and accept the obligations of, Scaphalure, typed or printed name of registered a, OFFICERS A PD LEE, WILLIAM C. 4570-2ND STREET VERO BEACH FL S LEE, NANCY U. 4570-2ND STREET	orida, Sucri Charge	DELETE DELETE DELETE DELETE	13. 1 1 111. 12 NAV 1.3 SIRE 1.4 CHY 2 1 111. 22 NAM 23 SIRE 24 CHY 3 1 111. 32 NAM 33 SIRE 44 CHY 4 1 111. 42 NAM 43 SIRE 44 CHY 5 1 111. 52 NAM 53 SIRE 54 CHY 6 1 111.	ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ADDRESS -SI-ZIP ELI ELI ADDRESS	ard of directors. I hereby accept the a	ppointment as re	OIRECTOI Change Change Change Change	agent. I am RS IN 12 Addition Addition Addition Addition Addition

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

GNATURE:

| Signature And Typey on Printed Nature of Signific On Birectors | Signature Statutes and that my signature shall have the same legal effect as if made under oath; that I am an officer on an attachment with an address.

| Signature And Typey on Printed Nature of Signific Officer on Birectors | Signature Statutes | Signature Sta

SIGNATURE: