**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # F67617

GOLD COAST ADVERTISING ASSOCIATES, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90251 039 \*\*\*150.00



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UTSMAN PORENT E HIGH RE 280 ME 285 MAMI FL 3017 US  20 MAMI FL 3017 US  3. Date incorporated or Qualified 22/10/1939 3. Date incorporated or Qualified 32/10/1939 3. Date incorporated or Qualified 35/10/1939 3. Date incorporated or Qualified 35/10	Dala de LOI	of Division	Mailing Address					
MAM FL 33137  US  2. Principal Place of Business  2. Maining Address  2. Principal Place of Business  3. Date Incorporation current  3. Date Incorporation Contribution  3. Name  City & State  3. Date Incorporation Contribution  3. Refer Address  3. Date Incorporation State of Business  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation State of Business  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Suita, Apt. #, etc.;  3. Date Incorporation Contribution  3. Name and Address of New Registered Agent  3. Name  3. Name and Address of New Registered Agent  4. Election Contribution  4. The			Mailing Address					
MANUEL 1, 31317  Applied 2, 22 Modifing Address								
US Date Incorporated or Qualified O2/110/1802   Applies O2/110/1803   Applies O2/110/180			· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE		_	
2. Pennipal Pilace of Business 2. Minking Address 2. Suite, Apt. #, etc. 2. City & State 2.		•			3. Date Incorporated or Qualifed			
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,					02/10/1982			
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	2. Principal Pl	lace of Business	2a. Mailing Address			— <del>— — · ·</del>	olied For	
City & State	21				59-2165491		Applicable	
Zip   Country   Zip	<del></del>	#, etc.	<b>—</b>		5. Certifcate of Status Desired	,		
Zip Country 219	<del></del>	е	<b>⊢</b> '			•	•	
9. Name and Address of Current Registered Agent  UTSMAN, ROBERT E 4141 NE 2ND AVE 205 MIAMI FL 33137  11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes, byte ocroproation's board of directors. I hereby accept the appointment as regists agent. I am familiar with, and accept the obligations of Section 807.0505, Florida Statutes, the acceptance of the obligations of Section 807.0505, Florida Statutes, the acceptance of the obligations of Section 807.0505, Florida Statutes, the acceptance of the obligations of Section 807.0505, Florida Statutes, the acceptance of the obligations of Section 807.0505, Florida Statutes, the acceptance of the obligations of Section 807.0505, Florida Statutes, the acceptance of the occupance of the occupance of the occu	<del></del>	Country	Zip	Country	8. This corporation owes the current year		_	
UTSMAN, ROBERT E 4141 NE 2ND AVE 205 MIAMI FL 33137  4	24	25	29	30			□No	1
UTSMAN, ROBERT E 4141 NE 2ND AVE 205 MIAMI FL 33137  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 frequency agent, an an amount of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of denaping its reg 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 registed agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, Signature, Nyord or private name of registered agent and time? agent and time? agent and time? agent and time? agent appointment as registed agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, Signature, Nyord or private name of registered agent and time? agent and time? agent agent and time? agent agent and time? agent agent and time? agent a		9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	ed Agent		1
### A CIRY STORMS ### A CIRY STREET ADDRESS CITY-ST-ZIP    A STREET ADDRESS CITY-ST-ZIP   A S		AAAA DODEDE E		81 Name				
MIAMI FL 33137    B4   City   FL   S5   Zip Code				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<del>-</del>		
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and little if applicable.   (NOTE Registered Agent algravara neculred when mentating)   DATE	205			83				
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 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  Signature, typed or protect name of registered agent and title if applicable.  [NOTE: Registered Agent alignature required when reinstating)  DATE  Signature, typed or protect name of registered agent and title if applicable.  [NOTE: Registered Agent alignature required when reinstating)  DATE  Signature, typed or protect name of registered agent and title if applicable.  [NOTE: Registered Agent alignature required when reinstating)  DATE  Signature, typed or protect name of registered agent and title if applicable.  [NOTE: Registered Agent alignature required when reinstating)  DATE  12: OFFICERS AND DIRECTORS  TITLE  UTSMAN, ROBERT E  12: STREET ADDRESS  12: STREET ADDRESS  12: STREET ADDRESS  12: STREET ADDRESS  14: CATY-ST-ZP  DANAE  DORNFIELD, KARYN  17: LA GORCE CIRCLE  13: TITLE  14: CTH ST-ZP  DELETE  14: TITLE  DORNFIELD, STUART R  13: STREET ADDRESS  17: LA GORCE CIRCLE  MIAMI BCH FL  DELETE  14: TITLE  DELETE  14: TITLE  Change  Chang	MIAM	MI FL 33137		94 03		DE Zin C	`ode	ł
office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICER'S AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS  ITILE  VST UISMAN, ROBERT E  12 NAME  UISMAN, ROBERT E  12 NAME  12 STREET ADDRESS  CITY-ST-ZP  PLANTATION FL  14 CITY-ST-ZP  ITILE  DORNFIELD, KARYN  17 LA GORCE CIRCLE  MIAMI BCH FL  DORNFIELD, STUART R  13 STREET ADDRESS  CITY-ST-ZP  MIAMI BCH FL  DELETE  17 LA GORCE CIRCLE  MIAMI BCH FL  DORNFIELD, STUART R  13 STREET ADDRESS  CITY-ST-ZP  MIAMI BCH FL  DELETE  17 LA GORCE CIRCLE  MIAMI BCH FL  DELETE  18 STREET ADDRESS  CITY-ST-ZP  MIAMI BCH FL  DELETE  19 Change  Change				84 City	F	L S Zip C	oue	
Signature, typed or printed name of registand agent and title if applicable.   (NOTE: Registered Agent signature required when remistaling)   ONTE	office or r	registered agent or both in the State :	of Florida. Such change was at	uthorized by the corbon	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered	
12.	SIGNATURE	Slonature typed or printed name of registered apen	t and title if applicable. (NOTE:	Registered Agent signature reg	uired when reinstating) DATE			ء ا
TITLE	12.					AND DIRECTO	RS IN 12	86
1230 S.W. 2ND STREET   1.3 STREET ADDRESS   1.2 S.W. 2ND STREET   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.4 CITY-ST-ZIP   1.5 STREET ADDRESS   1.7 LA GORCE CIRCLE   2.3 STREET ADDRESS   1.7 LA GORCE CIRCLE   2.4 CITY-ST-ZIP   1.5 STREET ADDRESS   1.5 STREET ADD		VST	<del></del>					1 =
12230 S.W. 2ND STREET			☐ DELETE	1,1 TITLE		Change	Addition Addition	=
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STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP	UTSMAN, ROBERT E 12230 S.W. 2ND STREET PLANTATION FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			☐ Addition	CR2E034 (1
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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 supplier 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 trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: