PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69162

GOLD COAST MANAGEMENT, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90124 046 ***150.00

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Principal Place of Business Mailing Address				Į.		-					
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							Date incorporated or Qualifer	,			1
				02/25/1982				-			
Principal Place of Business 2a. Mailing Address								pplied For	4		
21 26							lot Applicable	4			
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	Ċ		Additional	1			
22					3. 00/3/02		·Fee F	beriupes	1		
City & State	City & State City & State			6. Election Campaign Financing	П	\$5.00) May Be				
23	a valendario de la composição de la comp	28			Trust Fund Contribution.		Added	to Fees	-		
Zip	Country	Zip)	Cour	ntry		B, This corporation owes the cur	rent year, inta	engible	* **	
24	25	29	[a	10			Personal Property Tax.		Xes	□No	J
	9. Name and Address of (Current Registere	d Agent				10. Name and Address of New	Registered 4	Аделі		4
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dd D munt	to the envisions of Sections St	07 0502 and 607 4	SOR Florida Statutos	the eh		ned como	cation submits this statement for the	purpose of o	changing it	s registered	1
office or re	egistered agent, or both, in the	State of Florida. S	Such change was aut	horized	by the c	crporation	ration submits this statement for the n's board of directors, I hereby acce	of the appoin	itment as r	egistered	
agent. La	m tamiliar with, and accept the		gen 607.0505, Floric	da Statu	rtes.				2/20	ha	1
SIGNATURE		CONTA						. DATE	7/20/	77	Í _
	Signature, typed or printed name of regists	BY AND DIRECTO			Agent signs	zure reduked i	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	88
12.		77		13.	15		ADDITIONS/CHANGES TO CI	FICERS AN			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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED