## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71737

(2)

GOLD COAST MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mail
MEDWARD A GEARY	%E(
510 S CAROLINA DRIVE	510
STUART FL 34994	STU
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FILED

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SCORETART OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address				L FADRIIL ODII REODA RADIL IUGOD 1118F 1001 DIDIL BROFI DIBIL DIDIL DIDIL DIDIL
MEDWARD A	GEARY	%EDWARD A GEARY				
510 S CAROLI		510 8 CAROLINA DRIVE				DO NOT WRITE IN THIS SPACE
STUART FL 34	994	STUART FL 34994				3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address				11/28/1983 01/30/1996 Applied For
21		26				59-2379092 Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	<b></b>		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent				10, Name and Address of New Registered Agent
GEA	ARY, EDWARD A			81	Name	
510	S CAROLINA DR		82 Street A		Street Ac	ddress (P.O. Box Number is Not Acceptable)
STU	IART FL 34994			21		
				83		
				84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607 0502	and 607.1508. Florida Statu	les, the al	LLL	a-named ci	corporation submits this statement for the purpose of changing its registered
office or re	egi <mark>ster</mark> ed agent, or both, in the State o m <b>fam</b> iliar with, and accept the obligat	of Florida. Such change was	aulhorize	d by	the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			d Age	nt signature re	equired when reinstaling) DA1E
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD CEARLY EDWARD A	□ DECEIE	1.1 T			Change C Adodon
NAME	GEARY, EDWARD A		1.2 N			
STREET ADORESS	510 S. CAROLINA DRIVE				ADDRESS	
CITY-ST-ZIP TITLE	STUART, FL 00000	DELETE	1.4 Ct	1Y - S'	1- Z(P - Y.	Addition
1	V OFADY OLIABITO F	C otterić			7	<b>4000022625回収</b> 日か呼の -08/08/9701134005
NAME	GEARY, CHARLES E.		2.2 NAME		1 DANCE OF	****165.00 ****165.00
STREET ADDRESS	510 S. CAROLINA AVENUE			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	STUART FL	☐ DELETE	3.1 TI		51 - 2117	Change Addition
NAME			3.2 N			Visitle FT Monor!
STREET ADDRESS			•		ADDRESS	
ITY-ST-ZIP			ł		ST-ZIP	
TITLE		DELETE	4.1 Ti		21 - 211	Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CI			1 .
TITLE		DELETE	5.1 Ti		. 211	☐ Change ☐ Addition
NAME			5.2 N			$\sim$
STREET ADDRESS			•		ADDRESS	$\langle \gamma \rangle$
CITY-ST-ZIP			5.4 C			(\L\X\)
TITLE		DELETE	6.1 1			Addition Addition
NAME			6.2 N			
STREET ADDRESS					ADDRESS	1
					- 1	

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 eath; 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 12 or Block 13 if changed, or on an Attachment with an address.

Dear Sir/Madam,

This is the

First notice that I

received. I have not received any other notice.

T am serding my fling fee, Please waive the penalty as I did not receive any other notice.

Thank you.