

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # **J00760** (5)
1. Corporation Name
GOLD COAST AERIAL LIFT, INC.

Principal Place of Business
**4450 N. 29TH AVE.
HOLLYWOOD FL 33020**

Mailing Address
**4450 N. 29TH AVE.
HOLLYWOOD FL 33020**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1986		3a. Date of Last Report 04/21/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2652858		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SCHNEIDER, REUBEN M.
2021 TYLER STREET
HOLLYWOOD FL 33020**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if any, and

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLELLA, FRANK	1.2 NAME	
STREET ADDRESS	4450 N. 29TH AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	1.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, DAVID	2.2 NAME	
STREET ADDRESS	4450 N. 29TH AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	2.4 CITY-STATE-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLELLA, JENNIE	3.2 NAME	
STREET ADDRESS	4450 N. 29TH AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLELLA, ROSEMARY	4.2 NAME	
STREET ADDRESS	4450 N. 29TH AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, LINDA	5.2 NAME	
STREET ADDRESS	4450 N. 29TH AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Registered Phone: # _____

CR2E034 (12/95)