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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| 1996 | | | Secretary of State DIVISION OF CORPORATIONS | | | | | | | |
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| DOCUM L. Corporation N | | J10096 | (2) | | | | | | | |
| GOLD (| COAST AUTO | PARTS, INC. | | | | | | | | |
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| uncipal Place of | Business | м | ailing Address | | | | L IBRUIRO DIDA INDIL EDISA DONIO II | | | 11 01011 01011 1001 |
| % RONALD MARTIN 131 SW 6TH ST | | | % RONALD MARTIN 131 SW 6TH ST | | | | | | | |
| | ACH FL 33060 | | POMPANO BEACH FI | L 33060 | | | Date Incorporated or Qualified | 3a. Date | of Last Re | port |
| | | | | | | | 04/15/1986 | | 01/30/19 | |
| . Prinopal Place | of Business | 2a 26 | , Mailing Address | | | | 4. FEI Number 59-2698374 | | ─ | Applied For Not Applicable |
| Suite, Apt. #, e | etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| City & State | | 27 | City & State | | | | 6. Election Campaign Financing | | | Required May Be |
| l | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | 25 Co. | intry 29 | Zip | 30 Cou | intry | | This corporation has liability for Florida Statutes Yes | intangible ta No | ax under s | 199.032, |
| | | dress of Current Regis | stered Agent | | | | 10. Name and Address of New I | | Agent | |
| MARTIN | DONALD | | | | 81 | Name | | | | |
| MARTIN, RONALD 131 SW 6TH ST | | | | | | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| | IO BEACH FL 3 | 3060 | | | 83 | | | | | |
| | | | | | 84 | City | | | 85 Zip | Code |
| 1. Pursuant to t | the provisions of S | ections 607.0502 and 60 | 7.1508. Florida Statute | es, the abo | | amed corpo | pration submits this statement for the ou | FL roose of ch | anoino its r | egistered office |
| or registered familiar with, | agent, or both, in and accept the ob- | the State of Florida Suci digations of, Section 607 | h change was authorize .0505, Florida Statutes. | ed by the o | corpo | oration's bo | oration submits this statement for the puard of directors. I hereby accept the app | ointment as | registered | agent. I am |
| IGNATURE | | | | | | | | | | |
| Sk) 2. | ratino typeo or printed n | ame of registered agent and title if OFFICERS AND DIREC | Company of the party of the par | TE Registered | Agen | t signature requi | ad when reinstating) ADDITIONS/CHANGES TO OFI | DATE FICERS AND | DIRECTO | RS IN 12 |
| ::-::::::::::::::::::::::::::::::::::: | DP | | DELETE | 1 11 | ITLE | | | | Change | Addition |
| VME | MARTIN, ROI | | | 12 N | | | | | | |
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| TREET ASIDRESS | | | | 635 | TREET | ADDRESS | | | | |
| I'Y S' ZP | modifications are 1-5- | motion or policel with the | o filmo io voluntarita f | | doc | | for the augmention stated in Continue 444 | 107/0/// 5 | orido Ctat | loo I fi udba. |
| certify that the | ie information indic | cated on this annual repo | ort or supplemental ann | ual report | is tru | e and accu | for the exemption stated in Section 119 rate and that my signature shall have the | e same lega | l effect as it | f made under |
| | | ector of the corporation of 13 if changed, or on an a | | | red 1 | ю өхөсигө т | his report as required by Chapter 607, F | iorioa Statu | ies; and th | acrety name |
| | ne. M | Buell. | Mest | | | | Mad al. | | | |
| JIANDIC | JRE: sign/ | TURE AND TYPED OR PRINTE | D NAME OF SIGNING OFFICE | ER OR DIREC | TOR | | · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - - | Daylime Phone | |