FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # J84271 (2)

1. Corporation Name

GOLD COAST MARKETING COMMUNICATIONS, INC.

Principal Place of Business: 2520 NW 2ND AVENUE, BOCA RATON FL 33431

Mailing Address: 2520 NW 2ND AVENUE, BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1987

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2841813 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address

21 / 26

Suite, Apt. #, etc. 22 / 27

City & State 23 / 28

24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

DAVIDSON, PETER
2520 NW 2ND AVENUE
BOCA RATON FL 33431

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

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DAVIDSON, PETER
STREET ADDRESS	2520 NW 2ND AVE
CITY-ST-ZIP	BOCA ROTAN FL
TITLE	D
NAME	DAVIDSON, PETER
STREET ADDRESS	2520 NW 2ND AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(☐ Change ☐ Addition — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blocks, blank)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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 or is attached with an address.

SIGNATURE: [signature] 4/18/95 407-750-7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250231 CP