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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J97506 1. Corporation Name

GOLD COAST BUSINESS SYSTEMS, INC.

Principal Place of Business Mailing Address	
1400 COMMERCE BLVD 1400 COMMERCE BLVD	
STE C SUITE C	
SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE	
US US 3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applie	ed For
DE 0000400	pplicable
21   26   55-W22185   Not A     Suite, Apt. #, etc.   Suite, Apt. #, etc.   \$8.75 Add	
☐ 5. Certificate of Status Desired ☐ ☐	
22 27 Fee Requirement of the City & State City & State 6. Election Campaign Financing 55.00 Ma	
23 Trust Fund Contribution Added to F	•
Zip Country Zip Country 8. This corporation owes the current year intangible	
	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
GAETA, MARK L.  1000 S. EEDEDAL LICLIMAN  82 Street Address (P.O. Box Number is Not Acceptable)	
1000 S. FEDERAL HIGHWAY	
SUITE 103	
FT. LAUDERDALE FL 33316	<u> </u>
84 City   FL   85   Zip Coo	ie.
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 reportion of the purpose of changing its reportion of the purpose of changing its reportion of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reportion of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reportion of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reportion of the purpose of changi	jistered ered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE PST DELETE 1.1 TITLE V Change	Addition
NAME RICARD, DENNIS E. 12 NAME BRENDA S. RICARD	••
STREET ADDRESS 1400 COMMERCE BLVD, STEC 13 STREET ADDRESS 1400 COMMERCE BLVD, STEC	
CITY-ST-ZIP SARASOTA FL 34243 14 CITY-ST-ZIP SARASOTA FL 34243	
	☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
	☐ Addition
NAME 32 NAME	
STREET ADDRESS  3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE	Addition Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	☐ Addition
TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME	Addition
COMMUNICATION OF THE PROPERTY	Addition
NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS	☐ Addition
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	☐ Addition
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         □ DELETE         6.1 TITLE         □ Change	

14. I hereby certify that the information suppliemental 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 of the corporation of the corporation of 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 1

**SIGNATURE**