FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48292

(2)

GOLDCOAST AUTOTRONICS, INC.

FILED Mar 16 1998 8:00am Secretary of State

| | | Mailing Address C/O J.L. BOLTON 6555 POWERLINE RD SU FT. LAUDERDALE FL 3330 | | DO NOT WRITE IN 3. Date Incorporated or Qualified | |
|----------------|--|---|----------------------------|--|--------------------------------|
| | | | | 12/01/1988 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0087657 | Not Applicable |
| Suite, Apt. | #, otc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | , , , , , | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid | the current year intangible |
| 24 | 25 | | 30 | Personal Property Tax due June 3 | |
| | Name and Address of Current LTON, J.L. | nt Registered Agent | 81 Name | 10. Name and Address of New Regi | stered Agent |
| | 55 POWERLINE RD., SUITE 401 LAUDERDALE FL 33309 | | 83 | Address (P.O. Box Number is Not Acceptable | |
| I | | | 84 City | | Fi 85 Zip Code |
| SIGNATURE | Signature, typed or pented name of migratered a | | Registered Agent signature | corporation submits this statement for the pur poration's board of directors. I hereby accept the required when reinstating. ADDITIONS/CHANGES TO OFFICE! | DATE |
| TITLE | P | DELETE | 11 TITLE | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| NAME | HARRIS, J. JAY | | 1.2 NAME | RUSSIELL IF. WELSTENCE | ROFT, JR. |
| STREET ADDRESS | 21578 ST ANDREWS GRAN | D CR | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY - ST - ZIP | FT. LAUDERDALE, FL. | 33309 |
| FITLE | ST | ☐ DELETE | 2.1 TITLE | V | Change Addition |
| NAME | BOLTON, J.L. | | 2.2 NAME | ANTHONY PARRISH AL | IE. |
| STREET ADDRESS | 2656 N.W. 27TH TERRACE | | 2 3 STREET ADDRESS | 1805 N.W. 30 M. | 22/6 |
| CITY-SI-ZIP | BOCA RATON FL | DELETE | 2. 4 CiTY-ST-ZIP | LAUDERHILL, FL 3 | ☐ Change ☐ Addition |
| TITLE NAME | CRAIG, WALTER J. | □1 orecit | 3.1 TITLE 3.2 NAME | | ☐ Oneside ☐ Vocition |
| STREET ADDRESS | 5991 NE 18TH TER | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-S1-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DECETE | 61 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |

14. Thereby certify that the information supplied with this filling 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 five 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 trusted 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:

2.7 Box

J.L. BOLTON

Mar 10, 1998 95

954-491-3800