PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K48292

1. Corporation Name

GOLDCOAST AUTOTRONICS, INC.				1 1861811) \$11 4181	81 1818 (1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818	Plen Sith then all	
Principal Place	of Business	Mailing Address			AI IBIID IIDIA IDIID IIDI AIDII	ATAKI DIBIL AKATI DI	011 010 41 1 90 1
C/O J.L. BOLTO		C/O J.L. BOLTON					
6555 POWERLINE RD., SUITE 401 6555 POWERLINE RD., SUITE			401				
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				<u>i</u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				12/01/1988	or Qualifed		ļ
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		App	lied For
21	ace of Dusiness	26		65-0087657			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Ad	ditional
22		27		5. Certificate of Status	s Desired	- Fee Req	uired
City & State	9	City & State		6. Election Campaign	Financing	\$5.00 N	/lay Be
23		28		Trust Fund Contrib	ution	Added to	Fees
Zip	Country	Zip	Country		wes the current year Ir		-TNo
24	25	29 30	0	Personal Property 10. Name and Addre			⊒No
	9. Name and Address of Current	Registered Agent	81 Name		ss or New Registered	Agent	
BOLTON II				HARRIS, J.			
6555 POWERLINE RD., SUITE 401			82 Street	Address (P.O. Box Number is	Not Acceptable)	5000	401
FT. LAUDERDALE FL 33309			83	222 Lomek	reder in At	30 (re	101
	,		84 City	T. LAUDERDAL	e Fi	L 85 Zip Co	309
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							
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 obtaining the foliation of the corporation of the corp							stered
agent. I am familiar with, and accept the obtilinations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of existed deal and tilear applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature re	equired when reinstating)			
12.	OFFICERS (AND		13.		GES TO OFFICERS A		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	PT	N.	Change	L Addition
NAME ·	HARRIS, J. JAY		1.2 NAME	HARRIS, J.JA	1		
STREET ADDRESS	21578 ST ANDREWS GRAND CI	1	1.3 STREET ADDRESS	5901 BART	RAMIST	433	
C/TY-ST-Z/P	BOCA RATON FL	÷ رشين DELETE	1.4 CITY-ST-ZIP	BOCA RATON	<u>FC 53</u>	The Change	Addition
ΠΠLE	ST	ب DELETE	2.1 TITLE	V .		Lat Change	
NAME	BOLTON, J.L.		2.2 NAME	BOLTON, J.L.	13. TOAU	nd RT	
STREET ADDRESS	2656 N.W. 27TH TERRACE BOCA RATON FL		2.3 STREET ADDRESS	1073 WHITE	HART CO	341	45
CITY-ST-ZIP	V ,		2.4 CITY-ST-ZIP 3.1 TITLE	SY TOLK	HO PL	Change	- Addition
TITLE	CRAIG, WALTER J.	C DECETE	3.2 NAME		20 l		
NAME	5991 NE 18TH TER		3.3 STREET ADDRESS	CRAIC, WALTE	15 0. Trick		
STREET ADDRESS	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	FT LAUDERDAL		3330	
CITY-ST-ZIP	V	☐ DELETE	4.1 TITLE	THE CHAPTER AND		☐ Change	☐ Addition
NAME	WOLSTIENCROFT, RUSSELL E.	-	4. 2 NAME				
STREET ADDRESS	5200 NW 31ST AVE G-122	-	4.3 STREET ADDRESS	•			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		4.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	PARRISH, ANTHONY		5.2 NAME				•
STREET ADDRESS	1805 NW 58TH AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL 33313		5.4 CITY-ST-ZIP	_			
TITLE		☐ DELETE	6.1 TITLE	,		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS		/	6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with the filing 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 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90037 031 ***150.00