FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90583 **(1)**

1. Corporation Name
GOLD COAST INVESTORS, INC.

Principal Place of Business	Mailing Address
801 W. LEELAND HEIGHTS BLVD. LEHIGH ACRES FL 33936	801 W. LEELAND HEIGHTS BLVD. LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 05/24/1989	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0134415	☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 5621 PlunKett St	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hollywood, Fla	City & State 28
Zip 24 33023 — Country 25 Broward	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

REYNOLDS, A. BRINTON, JR.
801 W. LEELAND HEIGHTS BLVD.
LEHIGH ACRES FL 33936

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 [illegible] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	PERREAUALT, THOMAS	
STREET ADDRESS	4445 NW 18TH AVE.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	☐ DELETE
NAME	PERREAULT, BARBARA	
STREET ADDRESS	4445 NW 18TH AVE.	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	☐ DELETE
NAME	REYNOLDS, A. BRINTON, JR	
STREET ADDRESS	109 OREGON ROAD N.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 if changed, or on an attachment with an address.

SIGNATURE: Thomas P. Perreault Thomas P. PERREAULT 5/13/96 954-966-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)