

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0049548

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 OCT 19 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **K90721** (7)  
1. Corporation Name  
**GOLD COAST FINANCE, INC.**

Principal Place of Business  
1200 S. FEDERAL HIGHWAY  
300  
MIAMI FL 33169  
US

Mailing Address  
1111 PARK CENTRE BLVD  
300  
MIAMI FL 33169  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/25/1989**

4. FEI Number  
**65-0135936**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **1525 N.W. 167th St**

Suite, Apt. #, etc.

22 **Ste 165**

City & State

23 **MIAMI FL**

Zip

24 **33169**

Country

25 **USA**

2a. Mailing Address

26 **1525 N.W. 167th St**

Suite, Apt. #, etc.

27 **Ste 165**

City & State

28 **MIAMI, FL**

Zip

29 **33169**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BEILLY, ORIN**  
105 S NARCISSUS AVE. SUITE 705  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CFO** ☒ DELETE

NAME **COHEN, ROBERT**  
STREET ADDRESS **1111 PK CTRE BLVD #300**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☒ DELETE

NAME **MICHAELSON, STEPHEN**  
STREET ADDRESS **1111 PK CTRE BLVD #300**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **FERUCCI, MARK A.**  
STREET ADDRESS **1111 PK CENTRE BLVD #300**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **HORNE, ADRIANNE M.**  
STREET ADDRESS **1111 PK CENTRE BLVD #300**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **CARRIE SONMER**  
1.3 STREET ADDRESS **1525 N.W. 167th St, Ste 165**  
1.4 CITY-ST-ZIP **MIAMI, FL 33169**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **CARRIE SONMER**  
2.3 STREET ADDRESS **1525 N.W. 167th St, Ste 165**  
2.4 CITY-ST-ZIP **MIAMI, FL 33169**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: **CARRIE SONMER** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/98

Date

305-620 8000

Daytime Phone #

CR2E034 (5/98)