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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(6)

## FILED Apr 04 1997 8:00am Secretary of State

1. Corporation Name GOLD COAST BOAT SERVICES, INC.  Principal Place of Business P.O. BOX 630427 MIAMI FL 33163  MiAMI FL 33163									
							Date Incorporated or Qualified     10/03/1989	3a. Date of Last F 03/05/1996	Report
	Principal Place of Business  Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0205851	A	pplied For
Suite, Apt								60 75	Not Applicable
22	***********************		27			···.	5. Certificate of Status Desired		equired
City & Stat	te		City &	State			6. Election Campaign Financing		May Be
23 Zip		Country	28 Zip		Countr	ν	Trust Fund Contribution  8. This corporation has liability for		to Fees
24	25		29		30	,	Florida Statutes	Yes No	5. 189.002,
			rrent Registered A	gent			10. Name and Address of New F	legistered Agent	
	RS, IRWIN S E				81	Name			
	BARS, DIXON (	a shapiku IE DR., SUITE I	W-103		82	Street Add	dress (P.O. Box Number is Not Accept	able)	
	CONUT GROV		W-100		83	3			
•		_ , _ , _ , _ , _ ,			84	City		lee! 7in	Code
					0"	of City		FL B5 Zip	Code
44 Darmont	to the provision	of Continue COZ	0502 and 607 1500	Elorido Crat	dos the show	In pamed cor	maration submits this statement for the		boroteipor of
	to the provisions registered agent am familiar with,	s of Sections 607 , or both, in the S and accept the o	.0502 and 607.1508 State of Florida. Such abligations of, Section	i, Florida State h change was n 607.0505, f	des, the above authorized be lorida Statute	ve-named cor by the corpora es.	rporation submits this statement for the attion's board of directors. I hereby acc		its registered registered
SIGNATURE		nnted nation of registore	ed agent and tile if applicate		OTE Flogistered Ag		uired when reinstating)	e purpose of changing ept the appointment as DATE	
SIGNATURE		nnted nation of registore		re (NC	OTE Registered Ag			purpose of changing ept the appointment as DATE ICERS AND DIRECTOR	
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4. I do hereby certify that the information supplied with this 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 expert 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 autress.

SIGNATURE:

SHATONE A PARALEY OF HAME OF SIGHING OFFICE YOU BY CITY

3-21-97936988