

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **L36596** (9)

1. Corporation Name:

**GOLD COAST REALTY SERVICES, INC.**

APR - 1 AM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

Mailing Address:

636 E. ATLANTIC AVE #108  
P.O. BOX 1049  
DELRAY BEACH FL 33447-1049  
US

636 E. ATLANTIC AVE #108  
P.O. BOX 1049  
DELRAY BEACH FL 33447-1049  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/13/1989**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0161784**

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  
21. **1121 NW 4th Ave**

2a. Mailing Address  
26. **1121 NW 4th Ave**

22. **P.O. Box 1049**

27. **P.O. Box 1049**

23. **Delray Beach FL**

28. **Delray Beach, FL**

24. **33444** 25. **USA**

29. **33444** 30. **USA**

9. Name and Address of Current Registered Agent

**RIPLEY, RAYMOND, JR.  
235 NORTHEAST 6TH AVE  
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81. Name **PAUL J. STEELE**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1121 NW 4th Ave**  
83.   
84. City **DELRAY BEACH** FL 85. Zip Code **33444**

11. Pursuant to the provisions of Sections 607.0403 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 607.0403, Florida Statutes.

SIGNATURE

*Paul J. Steele*

(If the Registered Agent is not an individual, the name of the corporation)

*4/29/95*

12. OFFICERS AND DIRECTORS

|                    |                 |
|--------------------|-----------------|
| 1. TITLE           | DPT             |
| 2. NAME            | STEELE, PAUL J  |
| 3. STREET ADDRESS  | 1121 NW 4TH AVE |
| 4. CITY, ST, ZIP   | DELRAY BCH FL   |
| 5. TITLE           | DVS             |
| 6. NAME            | STEELE, JOYCE A |
| 7. STREET ADDRESS  | 1121 NW 4TH AVE |
| 8. CITY, ST, ZIP   | DELRAY BCH FL   |
| 9. TITLE           |                 |
| 10. NAME           |                 |
| 11. STREET ADDRESS |                 |
| 12. CITY, ST, ZIP  |                 |
| 13. TITLE          |                 |
| 14. NAME           |                 |
| 15. STREET ADDRESS |                 |
| 16. CITY, ST, ZIP  |                 |
| 17. TITLE          |                 |
| 18. NAME           |                 |
| 19. STREET ADDRESS |                 |
| 20. CITY, ST, ZIP  |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(9)(b), 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 owner or in person or by power of attorney of the corporation or the owner of the corporation, and that my name appears in Block 12 or Block 13 of this filing or on any attachment will be an addition.

SIGNATURE:

*Paul J. Steele*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/95*

*407 276 5850*