

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L84897 (2)**

1. Corporation Name
GOLD COAST PHONES, INC.



Principal Place of Business: **C/O STEVEN W. PRISTAS, 10964 SW 119 ST., P.O. BOX 16-2096, MIAMI FL 33116-9096**

Mailing Address: **C/O STEVEN W. PRISTAS, 10964 SW 119 ST., P.O. BOX 16-2096, MIAMI FL 33116-9096**

3. Date Incorporated or Qualified: **06/29/1990** 3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0204623** 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: **12531 SW 115 Ave, City & State: Miami, FL 33176**

2a. Mailing Address: **P.O. Box 16-2096, City & State: Miami, FL 33116**

9. Name and Address of Current Registered Agent: **PRISTAS, STEVEN W., 10964 SW 119 ST., MIAMI FL 33176**

10. Name and Address of New Registered Agent: **12531 SW 115 Ave, City: Miami, FL 33176**

11. Pursuant to the provisions of Sections 607.0507 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: **STEVEN W. PRISTAS** DATE: **1/20/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--------------------------------------|---|--|
| TITLE: DP | NAME: PRISTAS, STEVEN W. | 1.1 TITLE: | <input type="checkbox"/> DELETE |
| STREET ADDRESS: 10964 SW 119 ST. | CITY-STATE-ZIP: MIAMI FL | 1.2 NAME: | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DS | NAME: PRISTAS, JUDITH A. | 1.3 STREET ADDRESS: 12531 SW 115 Ave | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 10964 SW 119 ST. | CITY-STATE-ZIP: MIAMI FL | 1.4 CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DV | NAME: SPRECHER, ROBERT C. | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 7462 SW 166 TERR. | CITY-STATE-ZIP: MIAMI FL | 2.2 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DT | NAME: SPRECHER, MARILYNNE SUE | 2.3 STREET ADDRESS: 12531 SW 115 Ave | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 7462 SW 166 TERR. | CITY-STATE-ZIP: MIAMI FL | 2.4 CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS: | CITY-STATE-ZIP: | 4.4 CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS: | CITY-STATE-ZIP: | 5.2 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 5.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 5.4 CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 6.2 NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | 6.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-STATE-ZIP: | 6.4 CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(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: **Judith A. Pristas** DATE: **1/20/96** 305-251-8752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JUDITH A. PRISTAS**

CR2E034 (12/95)