FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85536

(5)

GOLD COAST MASONRY, INC.

FILED
Apr 16 1998 8:00am
Secretary of State
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											#1 ISBN 1881
Principal Place of Business Mailing Address										0.011 A1011 A10	311 61611 1041
2425 E. COM	MMERCIAL BLVD	MERCIAL BLVD.]						
STE. 400	00 AL C	1200		STE. 400				DO NOT WEITE IN THIS SPACE			
FORT LAUDE US	NUMLE PL 30	3306	US LAUD	FORT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								07/06/1990			
2. Principal P	lace of Busi	ness	2a. Mailing A	2a. Mailing Address				4. FEI Number		TA	applied For
21			26	ê				65-0203844			lot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.							Additional
22			27	27				5. Certificate of Status Desired	Ц		Required
City & State	e		City & Sta	City & State				6. Election Campaign Financing		\$5.00) May Be
23				28				Trust Fund Contribution			to Fees
Ζ¢ρ		Country Zip			Country			8. This corporation owes or has pa	d the curr	_ ′ .	
24		25	29	30	<u> </u>			Personal Property Tax due June			□ No
9. Name and Address of Current Registered Agent								10. Name and Address of New Re	sistered A	(gent	
	AL, J. PAT				81		Name				
		, MORRIS & ZIEG			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			01 E. BROWARD BL		83	_					
FORT LAUDERDALE FL 33301						1					
					84		City			85 Zip	Code
			 		ــــــــــــــــــــــــــــــــــــــ	L			<u> FL</u>		
11. Pursuant i	to the provis egistered ac	sions of Sections 603 sent, or both, in the	7.0502 and 607.1508, F State of Florida. Such c	lorida Statutes, hange was auth	the abovi orized bi	e-r v ti	named corpo he corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of it the appr	changing i sinlment as	its registered s 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,	Signature, typed		S AND DIRECTORS	(NOTE: Re	13,	ent	signature required	ADDITIONS/CHANGES TO OFFIC	DATE EDS AND	DIRECTO	DC IN 12
TITLE	PD	Orricen		DELETE	1.1 TITLE	_		ADDITIONS CHANGES TO GITTE		☐ Change	Addition
NAME	. –	ADE, DAN	- -	Dicere	1.2 NAME		ļ			v.ango	
STREET ADDRESS	2425 E/		1.3 STREET	TAF	DUBECC						
CITY-ST-ZIP	FT. LAU		1.4 CITY-ST-ZIP						ľ		
TITLE			T	DELETE	2.1 TITLE	J 1-,				Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ΓΑΓ	DOBESS				
CITY-ST-ZIP					2. 4 CiTY-	-		•	•		
TITLE				DELETE	3.1 TITLE	<u> </u>	-			Change	Addition
NAME					3.2 NAME		ĺ				
STREET ADDRESS					3.3 STREET	[AD	DDRESS				
CITY-ST-ZIP					3.4. CITY-5						
TITLE				DELETE	4.1 TITLE					☐ Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	CA)DRESS				
CITY-ST-ZIP					4 4 CiTY-S	ST - 7	ZIP				
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME		- 1				-
STREET ADDRESS					5.3 STREET	(AD	DDRESS				
CITY-ST-ZIP					5.4 CITY - S	ST - 2	ZIP				
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS	ì				6.3 STREET	(A)	ODRESS				
CITY-ST-ZIP			· <u>-</u>		6.4 CITY - S						
14. I hereby o	ertify that th	e information suppli	ed with this filing does i	not qualify for th	e exemp	tio	n stated in Si	ection 119.07(3)(i), Florida Statutes. It	urther cer	tify that the	e 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 of 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 chapter, or on an attainment with an address.											
Block 12 d	or Block 13 i	1 changed, or on an	atta firment with an ad-	dress.		•	•	•			