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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M03538** (9)

1. Corporation Name

**GOLD COAST GENERAL CONTRACTORS, INC.**



Principal Place of Business

**5709 COCO PALM DR  
TAMARAC FL 33319  
US**

Mailing Address

**5709 COCO PALM DR  
TAMARAC FL 33319  
US**

3. Date Incorporated or Qualified  
**08/02/1984**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**WOOD, ROBERT A.  
5709 COCO PALM DR.  
TAMARAC FL 33319**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**WOOD, ROBERT A.**  
STREET ADDRESS  
**5709 COCO PALM CR.**  
CITY- ST- ZIP  
**TAMARAC FL**

TITLE ☐ DELETE

NAME  
**WOOD, KAREN E.**  
STREET ADDRESS  
**5709 COCO PALM DR**  
CITY- ST- ZIP  
**TAMARAC FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY- ST- ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-96 954-735-9322**

CR2E034 (12/95)