


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90164 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M25222					
1. Corporation Name GOLD COAST FREIGHTWAYS, INC.					
Principal Place of Business 12250 NW 28TH AVE MIAMI FL 33167 US			Mailing Address 12250 NW 28TH AVE MIAMI FL 33167 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/31/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2616944	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARKER, KENNY 12250 NW 28TH AVE MIAMI FL 33167			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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAXWELL, GARY C.	1.2 NAME			
STREET ADDRESS	157 WASHINGTON AVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	SECAUCUS NJ	1.4 CITY-ST-ZIP			
TITLE	DSTV <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PARKER, PENNI M	2.2 NAME			
STREET ADDRESS	910 SW 174TH TERR	2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAXWELL, DALE T.	3.2 NAME			
STREET ADDRESS	26 CARRIAGE WAY	3.3 STREET ADDRESS			
CITY-ST-ZIP	FREEHOLD NJ	3.4 CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOLNAR, ARTHUR	4.2 NAME			
STREET ADDRESS	285 PAULANNE TERRACE	4.3 STREET ADDRESS			
CITY-ST-ZIP	SECAUCUS NJ 07094	4.4 CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PARKER, KENNETH	5.2 NAME			
STREET ADDRESS	910 SW 174TH TERR	5.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029	5.4 CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAXWELL, ROBERT D	6.2 NAME			
STREET ADDRESS	12250 NW 28TH AVE	6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167	6.4 CITY-ST-ZIP			

14. I 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 305-687-3560

CR2E034 (1/98)

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