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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 05 1997 8:00am

Secretary of State

DOCUMENT # M57586

(3)

GOLD COAST SALES, INC.

CITY - ST - ZIP

Principal Place of Business Mailing Address 4896 N.W. 69 TERR OORAL SPRINGS FL 33067 4896 N.W. 89 TERR CORAL SPRINGS FL 33067-1901 3, Date Incorporated or Qualified 3a. Date of Last Report 08/18/1987 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2843887 26 Not Applicable Sufte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has hability for intangible tax under s. 199.032, 29 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MELVILLE, THOMAS F. 4896 NW 89TH TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL SPRINGS FL 33067 83 84 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 hoard 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 (NOTI | Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE Change Addition TITLE 1.1 11116 NAME MELVILLE, THOMAS F. 1.2 NAME 4896 N.W. 89 TERR STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE všd 2.1 TITLE Change Addition MELVILLE, JOANNE T. 2.2 NAME 4896 N.W. 89 TERR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY-ST-7/P DELETÉ Change Addition 3 1 1111 F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 City-St-ZIP DELFTE TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 empower of to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 it at aliged, or on an attachment with an address.

6.4 CITY - ST- 7IP