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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M72577

(3)

GOLD COAST POWER, INC.

APPROVED

97 MAY - 1 AM 11: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac % RAUL M. 8 409 ISLE OF I	IAENZ	Mailing Address % RAUL M. SAENZ 409 ISLE OF CAPRI FT LAUDERDALE FL 333	% RAUL M. SAENZ						
						3. Date incorporated or Qualified 03/09/1988		ate of Last Re /05/1996	eport
	face of Business	2a. Mailing Address				4. FEI Number 65-0045219	-l	 	plied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			·····	5. Certificate of Status Desired	רו	\$8.75 A	ot Applicable Additional
22 City & Stat	€	City & State				6. Election Campaign Financing		Fee Re \$5.00	
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added t	to Fees
Ζφ 24	Country 25	Zip	30	intry		This corporation has liability for in Florida Statutes		e tax under s. No	199.032,
	9. Name and Address of Curre		1221			10. Name and Address of New Re		Agent	
	BANO, JOHN			81	Name				
	ISLE OF CAPRI			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
FI.	LAUDERDALE FL 33301			83		······································			
				84	City			85 Zip (Code
			···			oration submits this statement for the pion's board of directors, I hereby accep	FL	-	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS At	gent and little of applicable (NO ND DIRECTORS	TE: Registere	d Ager	i signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS ANI	D DIRECTOR	\$ IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE	1			Change	Addition
NAME	RUBANO, JOHN		1.2 N	AME	Į.				
STREET ADDRESS	409 ISLE OF CAPRI		1.3 \$1	REET A	address				
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CITY - S1 - ZIP				IV-S	. }		co	A1A-	=
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NAME.			3.2 N	AME	a -	ーU37 U07 非米米 165	รากาน รากก	*****16	55. OO
STREET ADDRESS			3.3 \$1	FREET A	KOORESS	***************************************	3.0 0	Anthritis E C	,5100
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CITY-\$1-7IP				TY-ST	· I				
Title		DELETE	5.1 11		4."			Change	Addition
NAME			5.2 N/	AME:	-	10			
STREET ADDRESS			5.3 S1	reet /	address .	m 6\2			
CITY-S1-ZIF			5.4 CI	TY-ST	- ZIP	(() '			
TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME			6.2 N/]				
STREET ADDRESS					Address (
City-St-ZIP	by early, that the information com-	and with this fiting		TY-ST		Lin Cootion 110 07/0VN Florida Control	11.4	or cortification	*h.c
informatio	on indicated on this annual report of	Supplemental annual report is:	true and a	accui execu	rate and that ute this repor	d in Section 119.07(3)(I), Florida Statute I my signature shall have the same lega It as required by Chapter 607, Florida S	l effect a	ss if made und	der oath: tha

SIGNATURE:

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