

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M85731

(1)

1. Corporation Name  
GOLD COAST PRODUCTIONS, INC.



Principal Place of Business

600 W HILLBORO BLVD  
360  
DEERFIELD BCH FL 33441  
US

Mailing Address

600 W HILLBORO BLVD  
360  
DEERFIELD BCH FL 33441-1609  
US

2. Principal Place of Business

21 21947 Pine Bark Way

Suite, Apt. #, etc.  
Boca Raton

City & State

23 Boca Raton, FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 21947 Pine Bark Way

Suite, Apt. #, etc.

City & State

28 Boca Raton, FL

Zip

29 33428

Country

30 USA

3. Date Incorporated or Qualified

06/13/1988

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0056432

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

POTTS, JOHN W.  
9528 BOCA RIVER CIRCLE  
BOCA RATON FL 33434

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's signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE

P  
NAME  
POTTS, JOHN W.  
STREET ADDRESS  
9528 BOCA RIVER CIRCLE  
CITY-ST-ZIP  
BOCA RATON FL

☐ DELETE

TITLE

ST  
NAME  
POTTS, LAUREN  
STREET ADDRESS  
9528 BOCA RIVER CIRCLE  
CITY-ST-ZIP  
BOCA RATON FL

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME  
POTTS, JOHN W.  
1.3 STREET ADDRESS  
21947 Pine Bark Way  
1.4 CITY-ST-ZIP  
Boca Raton, FL 33428

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME  
POTTS, Lauren  
2.3 STREET ADDRESS  
21947 Pine Bark Way  
2.4 CITY-ST-ZIP  
Boca Raton, FL 33428

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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

4-28-97

CR2E034 (9/96)