

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000005600 (1)

1. Corporation Name

GOLD COAST CUTTERS, INC.



Principal Place of Business

301 14TH ST. SW  
RUSKIN FL 33570

Mailing Address

P.O. BOX 154  
WIMAUMA FL 33598

3. Date Incorporated or Qualified  
11/14/1994

3a. Date of Last Report  
09/11/1995

2. Principal Place of Business

2a. Mailing Address

21 114 Hickory Creek Dr.

26 114 Hickory Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Brandon, FL

27 City & State

28 Brandon, FL

24 Zip

25 33511

Country

26 USA

29 Zip

30 33511

Country

31 USA

4. FEI Number  
APPLIED FOR

15-003019

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

DIEHL, ORA H  
301 14TH ST. SW  
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name Louise P. Koren  
82 Street Address (P.O. Box Number is Not Acceptable)  
114 Hickory Creek Dr.  
83  
84 City  
Brandon FL 85 Zip Code  
33511

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Louise P. Koren

SIGNATURE Louise P. Koren

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	ADAMS, BUDDY	<input checked="" type="checkbox"/> DELETE
NAME		26005 ORANGE AVE.	
STREET ADDRESS		FT. PIERCE FL 34945	
CITY - ST - ZIP			
TITLE	D	DAVIS, DORIS	<input type="checkbox"/> DELETE
NAME		2312 SHELL POINT ROAD	
STREET ADDRESS		RUSKIN FL 33570	
CITY - ST - ZIP			
TITLE	D	JOHNSON, MARVIN	<input checked="" type="checkbox"/> DELETE
NAME		ROUT 1 BOX 120	
STREET ADDRESS		BOWLING GREEN FL 33834	
CITY - ST - ZIP			
TITLE	D	MEURICE, ELECTO	<input checked="" type="checkbox"/> DELETE
NAME		10240 SW 60TH STREET	
STREET ADDRESS		MIAMI FL 33173	
CITY - ST - ZIP			
TITLE	D	NEIL, DAVID	<input checked="" type="checkbox"/> DELETE
NAME		2709 MCNEIL ROAD	
STREET ADDRESS		FT. PIERCE FL 34981	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dale Fischbach	
1.3 STREET ADDRESS	126 Hickory Creek Dr.	
1.4 CITY - ST - ZIP	Brandon, FL 33511	
2.1 TITLE	300001897863	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-07/18/96--01031--021	
2.3 STREET ADDRESS	***61.25	
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matthew Sullivan	
3.3 STREET ADDRESS	604 E. 1st Street	
3.4 CITY - ST - ZIP	Orlando, FL 32825	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marcos Mauina	
4.3 STREET ADDRESS	9961 SW 39th Ter.	
4.4 CITY - ST - ZIP	Miami, FL 33165	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bruce Wenger	
5.3 STREET ADDRESS	8400 Henderson Trade	
5.4 CITY - ST - ZIP	N. Ft. Myers FL 33917	
6.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Louise P. Koren	
6.3 STREET ADDRESS	114 Hickory Creek Dr.	
6.4 CITY - ST - ZIP	Brandon, FL 33511	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louise P. Koren

5/1/96 813-689-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 5/1/96 DAYTIME PHONE 813-689-8801

CR2E037 (12/95)