


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005600 (1)**

1. Corporation Name

**GOLD COAST CUTTERS, INC.**



Principal Place of Business <b>114 HICKORY CREEK DR BRANDON FL 33511</b>	Mailing Address <b>114 HICKORY CREEK DR BRANDON FL 33511</b>
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3. Date Incorporated or Qualified  
**11/14/1994**

4. FEI Number  
**65-0603019**

Applied For  
Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent <b>KOREN, LOUISE P 114 HICKORY CREEK DR BRANDON FL 33511</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHBACH, DALE</b>	1.2 NAME	<b>Buddy Adams</b>
STREET ADDRESS	<b>126 HICKORY CREEK</b>	1.3 STREET ADDRESS	<b>2605 Orange Ave</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	1.4 CITY-ST-ZIP	<b>Ft. Pierce, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, DORIS</b>	2.2 NAME	<b>Charlene McManus</b>
STREET ADDRESS	<b>2312 SHELL POINT ROAD</b>	2.3 STREET ADDRESS	<b>1797 S. Military Trail</b>
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33463</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, MATTHEW</b>	3.2 NAME	<b>Wayne Yates</b>
STREET ADDRESS	<b>604 E WINTHROP ST</b>	3.3 STREET ADDRESS	<b>P.O. Box 90a</b>
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	3.4 CITY-ST-ZIP	<b>Fellsmere, FL 32848</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAURINA, MARCUS</b>	4.2 NAME	<b>Sergio Munoz Reuben Murphy</b>
STREET ADDRESS	<b>9961 SW 39TH TERR</b>	4.3 STREET ADDRESS	<b>226 N. 10th Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	4.4 CITY-ST-ZIP	<b>Okla. Ave, FL 33473</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENIGER, BRUCE</b>	5.2 NAME	<b>Reuben Murphy</b>
STREET ADDRESS	<b>8400 HENDERSON GRADE</b>	5.3 STREET ADDRESS	<b>Sergio Munoz</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	5.4 CITY-ST-ZIP	<b>9851 SW 47st.</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Miami, FL 33145</b>
NAME	<b>KOREN, LOUISE P</b>	6.2 NAME	
STREET ADDRESS	<b>114 HICKORY CREEK DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)