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Jun 25 1997 8:00am  
Secretary of State

\*NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra M. ...  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004378 (3)

1. Corporation Name

GOLD COAST CODA, INC.



Principal Place of Business

Mailing Address

4541 CATAMARAN CIRCLE  
BOYNTON BEACH FL 33436

4541 CATAMARAN CIRCLE  
BOYNTON BEACH FL 33436-1910

3. Date Incorporated or Qualified  
08/20/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

25

Country

29

30

Country

4. FEI Number

31-1486987

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

10. Name and Address of New Registered Agent

GOLDFARB, HYMAN  
4541 CATAMARAN CIRCLE  
BOYNTON BEACH FL 33436

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 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 PVST ☐ DELETE  
NAME GOLDFARB, HYMAN  
STREET ADDRESS 4541 CATAMARAN CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE  
NAME VICTORIA MEREDITH  
STREET ADDRESS 6278 NO. FEDERAL HIGHWAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CO-SECRETARY ☐ DELETE  
NAME MARIA VALDEZ  
STREET ADDRESS 6661 N.W. 24 TH ST  
CITY-ST-ZIP SUNRISE FL 33313

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CO-SECRETARY ☐ DELETE  
NAME SHERRY BISHOP  
STREET ADDRESS 211 S.W. 66 TH AVE  
CITY-ST-ZIP PEMBROKE PINES 33023

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE

S. Goldman

06/20/1997 561-2354467

CR2E037 (9/96)