

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000013317 (2)

1. Corporation Name
GOLD COAST PLATING, INC.

Principal Place of Business

~~3042 N.W. 55TH AVE.~~
MARGATE FL 33063
US

Mailing Address

~~3042 N.W. 55TH~~
MARGATE FL 33063
US

5415 N.W.
24TH Street
#101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0382029

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**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 NAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **DAVID M. GLASSBURY**
82 Street Address (P.O. Box Number is Not Acceptable)
1950 MADRUGA AVE.
83 **#302**
84 City **CORAL GABLES** FL 85 Zip Code **33146**

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 **DAVID M. GLASSBURY** **DAVID M. GLASSBURY** 1/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STONE, BARRY G**
STREET ADDRESS **2040 N.W. 55 AVE.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **JOSEPH Colangelo**
NAME **5415 N.W. 24TH Street #101**
STREET ADDRESS **MARGATE, FL. 33063**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **D, VP, SFT** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

REMITTED BY MAY 1

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barry G. Stone**
Signature and typed or printed name of signing officer or director

1/19/95 (205) 977-5400
Date (Daytime Phone #)