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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9200013720 (7)

GOLDCOAST BOBCAT SERVICE, INC. Principal Place of Business Mailing Address 9870 MAJORCA PLACE BOCA RATON FL 33434 BOCA RATON FL 33434				
Principal Place of Business	20 Mayer 4		3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 07/14/1995
21 9656 Happy Holle Suite, Apt. #, etc.	ow Rd 26 96 56 H	appy Hollow Rd	4. FEI Number 65-0376317	Applied For
22	J Suiter, Apr. #, 61	of f to the five	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	27 City & State			Fee Required
23 Delray Beach Fl	orida 28 Delray	Beach Florida	Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be
24 33446 25 Pula		30 Palm Boach	8. This corporation has liability fo	Added to Fees
	ess of Current Registered Agent	30 Palm Boach	_ [Florida Statutes Ye	s Mario
KNOWLES, JOHN 19424 PRESERVE DR.		81 Name	10. Name and Address of New Registered Agent 81 Name	
		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33498		83	553 (F. 10). Box Northbell is Not Accepta	ible)
		63		
44 0	-	84 City		85 Zip Code
 Pursuant to the provisions of Section or registered agent, or both, in the familiar with, and accept the obligation 	ons 607,0502 and 607,1508. Florida St State of Florida, Such change was a st	atutes, the above named corpora	tion submits this statement for the nu	ITDOSE of changing its society of
	ons 607,0502 and 607,1508, Florida St State of Florida: Such change was auth ions of, Section 607,0505, Florida Stat	ionzed by the corporation's board utes:	of directors. I hereby accept the app	pointment as registered agent. I am
Signature type for pretent ranue of	Tregor-resia portana troj malo ingrali			
12. OF	FICERS AND DIRECTORS	INCITE Forgotived Agent sugrative requires v		[DATE
INLE DP IAME KNOWLES, STEVEN	DELFTE	1.11%	ADDITIONS/CHANGES TO OFF	
TREET ADDRESS 9870 MAJORCA PL	AUE AUE	1.2 NAME		7
ITY-ST-ZIP BOCA RATON FL 3	13434	13 STREET ADDRESS 96	SG Happy Hollow Lray Beach, Flori	Road
TLE	☐ D&LETE	2 1 Title	lay Beach, Flori	da 33446
AME	_	2.2 NAME	/	☐ Change ☐ Addition
REET ADDRESS TY-ST-ZIP		2 3 SHREET ADDRESS		
TLE	FIDELTS	24 CITY-ST-7.P		
AME	DELÉTE	3 1 1/11/15		☐ Change ☐ Addition
REET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
TY+SI-ZiP		3 4 City-St-Zip		
LE ME	☐ DELETE	4 1 11°LE		Connect Control
REET ADDRESS		4.2 NAME		Change Addition
TY-\$1-ZIP		43 STREET ADDRESS		
LF .	DELETE	4.4.C(fY-S1-7)P 5.1.T(f,E		
ME		5 2 NAME		☐ Change ☐ Addition
REET ADDRESS		5.3 STREET ADDRESS		
Y-ST-ZIP E		54 CITY-ST ZIP		
·	☐ DELETE	6 1 11/11 6		
ME				Change Addition
!		6.2 NAME		Change Addition
ME REFLADDRESS Y-SF-ZiP I do hereby certify that the information certify that the information indicated or cath, the the properties of the state of	_	6.2 NAME 6.3 STREET ADDRESS		_ ,

certify that the information indicated on this annual report or supplemental annual report and account the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cath, 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 articless.

IGNATURE:

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: