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PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036527 (8)

GOLD COAST AUTOMOTIVE GROUP, INC.

Principal Place of Business Mailing Address 5810 N. FEDERAL HWY. P.O. BOX 10244 FORT LAUDERDALE FL 33308 POMPANO BEACH FL 33061 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0429985 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Z_{10} 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIEGLE. ARLENE 5810 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 83 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Begistered Agent signature required when reinstating Signature, typed or punited have of respected agent and blind appreador OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TO LE SIEGLE, ARLENE 1.2 NAME NAME PO BOX 10049
POMPAND SONN, F 33661
Change P.O. BOX 10244 N/A STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33061 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME ARTHUR SIEVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 3.1 100 F TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 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 supplied 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 in the reported 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 in the reported 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 in the report of the corporation in the rep

3.4. CITY - ST - ZIP

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May 19 1998 8:00am

Secretary of State

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