PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041532

1. Corporation Name

GOLD COAST STEEL ERECTORS, INC.

Principal Place of Business Mailing Address						
1891 ME 33RD CT 1891 NW 33RD CT						
			POMPANO BEACH FL 33064			<u> </u>
POMPANO BEACH FL 33064 US						DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualifed 06/07/1993
2. Principal Pl	ace of Business	2a.	Mailing Address		. "	4. FEI Number Applied For ,
21		26				NOT APPLICABLE Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 Certificate of Status Desired 17 \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	•	'	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	1	Zip	Country		8. This corporation owes the current year Intangible
24	25	29	3	0		Personal Property Tax. Yes No
	9. Name and Address of Current	Regis	stered Agent			10. Name and Address of New Registered Agent
				81	Name	e
	AN, ERIC			82	Chroot	et Address (P.O. Box Number is Not Acceptable)
3720 NE 24 AVE				04	Street	Address (P.O. Box Number is Not Acceptable)
Ligh	THOUSE POINT FL 33064			83		
				L.		
				84	City	FL 85 Zip Code
Ad Diversion to	to the provisions of Sections 607.0503	2 and 6	807 1508 Florida Statutes	the above	a-named	d corporation submits this statement for the purpose of changing its registered
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 ai	n familiar with, and accept the obligat	ions of	f, Section 607.0505, Florid	ia Statutes		
SIGNATURE						e required when reinstating) DATE
	Signature, typed or printed name of registered agent				it signature r	a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	ט טותם	DELETE	13. 1.1 TITLE		Change Addition
TITLE	NOLAN, ERIC					J
NAME				1.2 NAME		
STREET ADDRESS	3720 NE 24 AVE			1.3 STREE		is
CITY-ST-ZIP	LIGHTHOUSE POINT FL			1 4 CITY-S	T-ZIP	Change Addition
TITLE	PD T		☐ DELETE	2.1 TITLE		NICOLE NOLAN CHRISTIE AChange Addition
NAME	NOLAN, NICOLE			2.2 NAME		MICOLD TOOL TO CITATE
STREET ADDRESS	8020 FALLS LANE			2.3 STREE	TADDRESS	ss ·
CITY-ST-ZIP	PARKLAND FL			2. 4 CITY- S	T-ZIP	
TITLE			☐ DELETE	3.1 TITLE		. Change Addition
NAME				3.2 NAME		A STATE OF THE STA
STREET ADDRESS				3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP	
TITLE		_	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME				4.2 NAME		, 1
STREET ADDRESS					TADDRESS	ss
				4.4 CITY-S		,
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	1-21	☐ Change ☐ Addition
TITLE				5.2 NAME		
NAME				i i	T ADDRESS	ss
STREET ADDRESS				5.4 CITY-S		~
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	1- ZIF	Change Addition
TITLE			CT Derese			
NAME				6.2 NAME		1

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chamber, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ې ME OF SIGNING OFFICER OR DIRECTOR

Mar 06, 1999 8:00 am Secretary of State

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