SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088349 (4)

GOLD COAST PAINTING, INC.

ERVOLINO, DOUGLAS 1851 NE 115TH ST.

NORTH MIAMI FL 33181

Principal Place of Business	Principal	Place	of	Business
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2, Principal Place of Business

Mailing Address

1651 NE 115TH ST. NORTH MIAMI FL 33181

Suite, Apt. #, etc

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1651 NE 115TH ST. NORTH MIAMI FL 33181

2a. Mailing Address

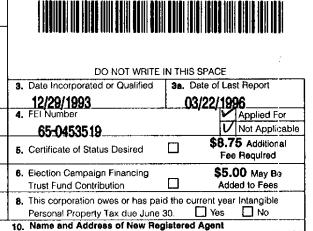
Suite, Apt. #, etc.

City & State

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g. Name and Address of Current Registered Agent

FILED Sep 18 1997 8:00am Secretary of State



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.

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Beach

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applica	ble (NOTE: B	onistored Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(10/21/	13.	ADDITIONS/CHANGES TO OFFIC	~	S IN 12
TITLE	Р	DELETE	1.1 THLE	₽ .	Change	☐ Addition
NAME	ERVOLINO, DOUGLAS		1,2 NAME	ERNOTANO DOUGHAS 5087 ADDIE CT BUYATON BEACK THE FRUDINO CATARRIAE 5087 ADDIE CT BUYATON BEACK THE BUYATON BEACK THE	,	1
STREET ADDRESS	1651 NE 115TH ST.		1.3 STREET ADDRESS	5087 ADDIE CT	_	
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-ST-ZIP	Bujaton Beach The	33437	
TITLE	\$	DELETE	2.1 TITLE	5	Change	Addition
NAME	ERVOLINO, CATHERINE		2.2 NAME	FRUDINO CAMERINE	/	
STREET ADDRESS	1651 NE 115TH ST.	j	2.3 STREET ADDRESS	SO 87 POATE CF	, _ / _	_
CITY-ST-ZIP	NORTH MIAMI FL 33181		2. 4 CITY-ST-ZIP	Boynson Beach H	a 3343	7
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ŀ
City-St-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	averily that the information supplied with this filing		6.4 CITY-ST-ZIP		- 1.6 allow and to the con-	

1 do hereby certify that the information supplied with this filing does not quality 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 changed, or on an attachment with an address.

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