

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.)

FILED

Sep 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000088349 (4)

1. Corporation Name

GOLD COAST PAINTING, INC.

Principal Place of Business

Mailing Address

1651 NE 115TH ST.
NORTH MIAMI FL 33181

1651 NE 115TH ST.
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

03/22/1996

4. FEI Number

65-0453519

☒ 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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 50 87

2a. Mailing Address

26 50 87

Suite, Apt. #, etc.

22 ADDIE CT

Suite, Apt. #, etc.

27 ADDIE CT

City & State

23 Boynton Bch Fla

City & State

28 Boynton Beach

24 33437

Country

25 Fla

Zip

29 33437

Country

30 Fla

9. Name and Address of Current Registered Agent

ERVOLINO, DOUGLAS
1651 NE 115TH ST.
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

DOUGLAS ERVOLINO

82 Street Address (P.O. Box Number is Not Acceptable)

50 87 ADDIE CT

83

Boynton Beach

84 City

FL

85

Zip Code 33437

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ERVOLINO, DOUGLAS
STREET ADDRESS 1651 NE 115TH ST.
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE S ☐ DELETE

NAME ERVOLINO, CATHERINE
STREET ADDRESS 1651 NE 115TH ST.
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME ERVOLINO Douglas
1.3 STREET ADDRESS 50 87 ADDIE CT
1.4 CITY-ST-ZIP Boynton Beach Fla 33437

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME ERVOLINO CATHERINE
2.3 STREET ADDRESS 50 87 ADDIE CT
2.4 CITY-ST-ZIP Boynton Beach Fla 33437

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

14. I do 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 changed, or on an attachment with an address.

SIGNATURE *[Signature]*

9/12 97

CR2E034 (4/97)