

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012753 (7)

1. Corporation Name

GOLD COVE INTERESTS, INC.

Principal Place of Business

Mailing Address

9620 N.W. 43RD ST.
SUNRISE FL 33351

9620 N.W. 43RD ST.
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/15/1994

4. FEI Number

Applied For

65-0473810

Not Applicable

5. Certificate of Status Desired

\$9.75 Additional
Fee Required

6. Election Corporation Financing

\$5.00 May Be
Added to Fees

Trust Fund Contributions

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

COVERT, BERNARD
9620 N.W. 43RD STREET
SUNRISE FL 33351

81. Name

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

83.

84. City

FL

85. 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. 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)

(If SE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICER LIST (APPLICABLE TO CORPORATIONS)

☐ Change ☐ Addition

TITLE

DPST

NAME

COVERT, BERNARD

STREET ADDRESS

9620 N.W. 43RD ST.

CITY ST ZIP

SUNRISE FL 33351

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY ST ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY ST ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report of completion of annual reports 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 an officer or director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/95 (305) 974-2034