FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR -7 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037659 (7)

1. Corporate Name

GOLD COAST TOUR AND TRAVEL, INC.

Principal Place of Business	Mailing Address
FIRST UNION TOWER STE. 306 24 CATHEDRAL PLACE ST. AUGUSTINE FL 32084	FIRST UNION TOWER STE. 306 24 CATHEDRAL PLACE ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-3246856 — Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GATES, ELIZABETH H
FIRST UNION TOWER STE. 306
24 CATHEDRAL PLACE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOLIDAY, ANDREA
STREET ADDRESS	551 CARCABA ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32094
TITLE	VD
NAME	GATES, ELIZABETH H
STREET ADDRESS	551 CARCABA ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32095
TITLE	VD
NAME	DAVIS, CAROL
STREET ADDRESS	141 HOLLISTER CEMETARY RAOD
CITY-ST-ZIP	HOLLISTER FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition; six blank entries)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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] April 1-95 904-824-3825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

ANDREA HOLIDAY

0000060 CF

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 ... AM 6:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000037958 (3)

1. Corporation Name

LAMB BUSINESS ASSISTANCE INC.

Principal Office Address:
400E LAKEWOOD CIRCLE
MARGATE FL 33063

Mailing Address:
400E LAKEWOOD CIRCLE
MARGATE FL 33063

3. Date of Incorporation or Qualification: 05/16/1994
3a. Date of Last Report: 05/16/1994

2. Principal Office Address: 747 WHIPPOORWILL LANE
City & State: DELRAY BEACH FL
Zip: 33445 Country: U. S.

2a. Mailing Address: 747 WHIPPOORWILL LANE
City & State: DELRAY BEACH, FL
Zip: 33445 Country: U. S.

4. FEI Number: 65-0497632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

LAMB, RICHARD E
400E LAKEWOOD CIRCLE
MARGATE FL 33063

10. Name and Address of New Registered Agent

Name: LAMB RICHARD E.
Street Address: 747 WHIPPOORWILL LANE
City: DELRAY BEACH FL Zip Code: 33445

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: Richard E. Lamb President 3/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition
TITLE: PRESIDENT
NAME: RICHARD E. LAMB
STREET ADDRESS: 747 WHIPPOORWILL LANE
CITY-ST-ZIP: DELRAY BEACH FL 33445

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3), 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: Richard E. Lamb RICHARD E. LAMB 3/29/95 (407)498-7198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0106601 CP