

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066808 (4)

1. CORPORATION NAME

GOLD COAST SPECIALTIES, INC.

Principal Place of Business

11151 NW 22ND ST
PEMBROKE PINES FL 33026

Mailing Address

11151 NW 22ND ST
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

N/A / 5r

2. Principal Place of Business

21 2011 S.W. 70th Ave, A-18

2a. Mailing Address

26 2011 S.W. 70th Ave, A-18

4. FEI Number

65-0523355

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 has liability for intangible tax under S. 199.022,
Florida Statutes

☒ Yes

☐ No

22 Davie, Florida

27 Davie, Florida

23 Davie, Florida

28 Davie, Florida

24 33317

25 Broward

29 33317

30 Broward

9. Name and Address of Current Registered Agent

TRADER, RODNEY L
11151 NW 22ND ST
PEMBROKE PINES FL 33026

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

Rodney L. Trader

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.5 CITY, ST, ZIP

12.6 CITY, ST, ZIP

12.7 CITY, ST, ZIP

12.8 CITY, ST, ZIP

12.9 CITY, ST, ZIP

12.10 CITY, ST, ZIP

12.11 CITY, ST, ZIP

12.12 CITY, ST, ZIP

12.13 CITY, ST, ZIP

12.14 CITY, ST, ZIP

12.15 CITY, ST, ZIP

12.16 CITY, ST, ZIP

12.17 CITY, ST, ZIP

12.18 CITY, ST, ZIP

12.19 CITY, ST, ZIP

12.20 CITY, ST, ZIP

12.21 CITY, ST, ZIP

12.22 CITY, ST, ZIP

12.23 CITY, ST, ZIP

12.24 CITY, ST, ZIP

12.25 CITY, ST, ZIP

12.26 CITY, ST, ZIP

12.27 CITY, ST, ZIP

12.28 CITY, ST, ZIP

12.29 CITY, ST, ZIP

12.30 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY, ST, ZIP ☐ Change ☐ Addition

13.5 CITY, ST, ZIP ☐ Change ☐ Addition

13.6 CITY, ST, ZIP ☐ Change ☐ Addition

13.7 CITY, ST, ZIP ☐ Change ☐ Addition

13.8 CITY, ST, ZIP ☐ Change ☐ Addition

13.9 CITY, ST, ZIP ☐ Change ☐ Addition

13.10 CITY, ST, ZIP ☐ Change ☐ Addition

13.11 CITY, ST, ZIP ☐ Change ☐ Addition

13.12 CITY, ST, ZIP ☐ Change ☐ Addition

13.13 CITY, ST, ZIP ☐ Change ☐ Addition

13.14 CITY, ST, ZIP ☐ Change ☐ Addition

13.15 CITY, ST, ZIP ☐ Change ☐ Addition

13.16 CITY, ST, ZIP ☐ Change ☐ Addition

13.17 CITY, ST, ZIP ☐ Change ☐ Addition

13.18 CITY, ST, ZIP ☐ Change ☐ Addition

13.19 CITY, ST, ZIP ☐ Change ☐ Addition

13.20 CITY, ST, ZIP ☐ Change ☐ Addition

13.21 CITY, ST, ZIP ☐ Change ☐ Addition

13.22 CITY, ST, ZIP ☐ Change ☐ Addition

13.23 CITY, ST, ZIP ☐ Change ☐ Addition

13.24 CITY, ST, ZIP ☐ Change ☐ Addition

13.25 CITY, ST, ZIP ☐ Change ☐ Addition

13.26 CITY, ST, ZIP ☐ Change ☐ Addition

13.27 CITY, ST, ZIP ☐ Change ☐ Addition

13.28 CITY, ST, ZIP ☐ Change ☐ Addition

13.29 CITY, ST, ZIP ☐ Change ☐ Addition

13.30 CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), 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 137, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Rodney L. Trader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95

Date

Signature Page 8