## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

P94000066808 DOCUMENT #

1. Corporation Name

GOLD COAST SPECIALTIES, INC.

Principal Place of Business

2. Principal Place of Business

DAVIE, FL

33317

Suite, Apt. #, etc.

A 18

City & State

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

27

28

29

Zip

Suite, Apt. #, etc.

2011 SW 70TH AVE SUITE A18

DAVIE, FL 33317-7333

2011 SW 70TH AVE

**FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90285 010 \*\*\*150.00

	DO NOT WRI	TE IN TH	IS SPACE
3.	Date Incorporated or Qualifed 9/1/94		
4.	FEI Number		Applied For
	65-0523355		Not Applicable
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RODNEY L TRADER 2011 sw 70TH AVE A18 DAVIE, FL 33317

Country

US

	Personal Property Tax.	X.	res	₩O
T	10. Name and Address of New Register	ed Age	nt	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City	. 8	5 Zi	p Code

8. This corporation owes the current year Intangible

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.

Country

30

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature required		70 11 40
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PTS C	] DELETE	1.1 TITLÉ	Change	Addition
NAME	RODNEY L TRADER		1.2 NAME		
STREET ADDRESS	2011 SW 70TH A18		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		14 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change	Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			32 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		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	Change	Addition
NAME			52 NAME		
STREET ADDRESS	•	i	53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	☐ Change	Addition
NAME	•		6 2 NAME		
STREET ADDRESS	The state of the s		6.3 STREET ADDRESS		
CITY OT 7ID	선생님		64 CITY-ST-ZIP		

14. I 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 suppliemental 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 12 if changed, or on an attachment withy an address, with all other like empowered.

SIGNATURE:

RODNEY L TRADER NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

954-877-9428

CR2E034 (11/98)