

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081116 (3)

1. Corporation Name

GOLD COAST APTS, INC.



Principal Place of Business

1500 VENERA AVE.
SUITE 12
CORAL GABLES FL 33146

Mailing Address

1500 VENERA AVE.
SUITE 12
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

SOBEL, HERBERT L
1500 VENERA AVE.
SUITE 12
CORAL GABLES FL 33146

81. Name

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

83.

84. City

FL 85. Zip Code

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

04/21/1995

4. FET Number

65-0551467

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. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SOBEL, HERBERT L	
STREET ADDRESS	1500 VENERA AVE., SUITE 12	
CITY- ST- ZIP	CORAL GABLES FL 33146	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement to 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 this corporation or its registered agent 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 changed at all, sign with a checkmark.

SIGNATURE:

Herbert L. Sobel
PRES
NAME AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (305) 667-4100
DATE

CR2E034 (12/95)