

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000009824 (0)**

1. Corporation Name

GOLD COAST 2,000 INVESTMENTS, INC.



Principal Place of Business

**3777 TAMiami TRAIL, NORTH
SUITE 200
NAPLES FL 33940**

Mailing Address

**3777 TAMiami TRAIL, NORTH
SUITE 200
NAPLES FL 33940**

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5100 N. Tamiami Trail**

26 **5100 N. Tamiami Trail**

4. FEI Number

65-0557867

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 105**

27 **Suite 105**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Naples, FL**

28 **Naples, FL**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33940**

25 **USA**

29 **33940**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAER, DAN E
3777 TAMiami TRAIL, NORTH
SUITE 200
NAPLES FL 33940**

81 Name **Alvin J. Sandsmark**

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

5100 N. Tamiami Trail, Suite 106

83

84 City

Naples

FL

85

Zip Code
33940

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 this 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

Alvin J. Sandsmark

3/5/96

Signature typed or printed name of registered agent and the filer (mark)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE **D** ☒ Change ☐ Addition

NAME **WETTLAUER, MANFRED**
STREET ADDRESS **3777 TAMiami TRAIL, NORTH**
CITY-ST-ZIP **NAPLES FL 33940**

1.2 NAME **Manfred Wettlaufer**
1.3 STREET ADDRESS **5100 N. Tamiami Trail, Suite 106**
1.4 CITY-ST-ZIP **Naples, FL 33940**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 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

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Manfred Wettlaufer

Manfred Wettlaufer

3/5/96

(941) 262-5338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(b)(3)

Daytime Phone #

339-91

CR2E034 (12/95)