

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90001 030 ***150.00

DOCUMENT # P95000009824

1. Corporation Name

GOLD COAST 2,000 INVESTMENTS, INC.



Principal Place of Business

**5100 N TAMAMI TRAIL
SUITE 106
NAPLES FL 33940**

Mailing Address

**5100 N TAMAMI TRAIL
SUITE 106
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

65-0557867

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 139 COLONADE CIRCLE
Suite, Apt. #, etc.**

22 NAPLES - FL

23 NAPLES - FL.

24 34103 25 USA

2a. Mailing Address

**26 5091 EAST TAMAMI TRAIL
Suite, Apt. #, etc.**

27 THE VILLAGE FALLS

28 NAPLES - FL

29 34113 30

9. Name and Address of Current Registered Agent

**SANDSMARK, ALVIN J
5100 N TAMAMI TRAIL
SUITE 106
NAPLES FL 33940**

10. Name and Address of New Registered Agent

**81 Name JOEL MILLER
82 Street Address (P.O. Box Number is Not Acceptable)
5091 EAST TAMAMI TRAIL
83 THE VILLAGE FALLS
84 City NAPLES 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wettlaufer 03-31-99

12.

OFFICERS AND DIRECTORS

**TITLE PS ~~WETTLAUFER, MANFRED~~ ☒ DELETE
NAME
STREET ADDRESS 5100 N TAMAMI TRAIL SUITE 106
CITY-ST-ZIP NAPLES FL**

**TITLE ☐ DELETE
NAME WETTLAUFER, MANFRED
STREET ADDRESS 139 COLONADE CIRCLE
CITY-ST-ZIP NAPLES-FL. 34103**

**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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wettlaufer 03-31-99

CR2E034 (1/1/98)