

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P 95000068255 (5)**

1. Corporation Name

Financial Consultants of the Gold Coast, Inc.

Principal Place of Business

Mailing Address

**1963 N.E. 5th Street
Deerfield Beach, Florida 33441**

2. Principal Place of Business

2a. Mailing Address

21 **1963 N.E. 5th Street**

26 **1963 N.E. 5th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Deerfield Beach, FL.**

28 **Deerfield Beach, FL.**

Zip

Country

Zip

Country

24 **33441**

25

29 **33441**

30

9. Name and Address of Current Registered Agent

**A. LIPPY LIPARI
1963 N.E. 5th Street
Deerfield Beach, FL. 33441**

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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Chapter 607, Florida Statutes.

SIGNATURE

A. Lippy Lipari

April 22 1996

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **A. Lippy Lipari**
STREET ADDRESS **1963 N.E. 5th Street**
CITY-ST-ZIP **Deerfield Beach, FL. 33441**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Lippy Lipari

3. Date Incorporated or Qualified **9-13-95**

3a. Date of Last Report

7. FCI Number **65-0621081**

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

81 Name

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Lippy Lipari

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY-ST-ZIP

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*****200.00**

April 22, 1996 954725-9863

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