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 #

P95000071821 (9)

GOLD COAST PERSONAL PROPERTY APPRAISALS AND SALE S, INC.

APPROVED AND FILED

96 MAY - 1 AM 11: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address				1 10011001 (10 1010) 0(1)(001)(001)(001)(001)(001)(001)(001)(1001) (1001) (1001) (1001)			
10162 DASHEEN AVE. PALM BEACH GARDENS FL 33410		10162 dasheen ave. Palm beach gardens fl 33410							
						3. Date incorporated or Qualified 09/14/1995	3a. Date o	of Last Re	eport
2. Principal Pla 21	ice of Business	2a. Mailing Address 26				4. FEI Number 65-06/895/		<u> </u>	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired			Additional Required
City & State		City & State	├ ~~~ ~			Election Campaign Financing Trust Fund Contribution		Added	O May Be d to Fees
Ζίρ 24	Country 25	7ip 29	Gountr 30			This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	Name and Address of Currer	nt Registered Agent	legistered Agent			10. Name and Address of New Registered Agent			
				81	Name				
	r, peggy Asheen ave.		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	EACH GARDENS FL 33410		83					*****************	
4				84	City		FL	85 Zig	p 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 agen	t and tite it annicable (N	OTF: Registered	Azent	signature required	I when neristation)	DATE		14. 4 . 88 . 4640 F / 17 4 . 17 . 17 . 17
12.		D DIRECTORS	13.		DB months of the same	ADDITIONS/CHANGES TO OFFI		DIRECTO)RS IN 12
TITLE	D DELETE			1. 1 TITLE				Change	Addition
NAME	MAYNOR, PEGGY	-	1.2 h			d"···· a ^{mi} s d'····s s'			
STREET ADDRESS	10162 DASHEEN AVE.		1.3 STREET ADDRESS		-2011-105/22/ 05/22/		1042-	1885	
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	1.4 CITY-ST-ZIP					400.00	
TITLE	D	DELETE	2.1T			3.3.3.7[1		Change	Addition
NAME	JAMES, DOROTHY	L	2.2 N				4		
STREET ADDRESS	655 MASTERS WAY		1	2.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL	33418		2 4 CITY-ST-ZIP					i
Titt	TALM DESCRIPTION C	□ DELETE	. 311		- 211			Change	[] Addition
NAME		L	3.2 N				L	. 0-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			B	 11 Y - S1					
TITLE	· · · · · · · · · · · · · · · · · · ·			4. 1 TITLE) Change	Addition
NAME			4.2 N	AME	Ì				
STREET ADDRESS					ADDRESS				•
CITY - ST - ZIP				ITY - ST	i				
TITLE	The state of the s		*********	5. 1 TITLE			Γ.) Change	Addition
NAME			5.2 N				•	-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY - S1					1
TITLE		DELETE	6.11) Change	Addition
NAMÉ		,	6.2 N				1	. •	_
STREET ADDRESS					ADDRESS				
1									
City - ST - ZiP	L		6.4 C	ITY - SI	1 - ZIP		>>(0) 0) Fr		

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

SIGNATURE: