

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 # P95000089184 (2)

1. Corporation Name

GOLD COAST INSPECTIONS, INC.



Principal Place of Business

Mailing Address

1167 HILLSBORO MILE
#516
HILLSBORO BEACH FL 33062

1167 HILLSBORO MILE
#516
HILLSBORO BEACH FL 33062

3. Date Incorporated or Qualified
11/21/1995

3a. Date of Last Report
First Filing

2. Principal Place of Business

2a. Mailing Address

21 1915 NE. 43rd Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 106-B

27

City & State

City & State

23 Ft. Lauderdale FL

28

Zip

Country

Zip

Country

24 #33308

25 Broward

29

30

4. FEI Number

63-0635342

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

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

BESA, LOUIS D
1167 HILLSBORO MILE
#516
HILLSBORO BEACH FL 33062

81 Name

BESA, Louis D.

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

83

6344 Shinnecock Ln.

84 City

Lake Worth

FL

85

Zip Code 33463

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, s. 607.1508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/24/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BEBA, LOUIS D
STREET ADDRESS 1167 HILLSBORO MILE #516
CITY-ST-ZIP HILLSBORO BEACH FL 33062 ☒ DELETE

1. 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE P
NAME BESA, Dominick
STREET ADDRESS 192 Stony Point Dr.
CITY-ST-ZIP Berwyn, Pa. 19312 ☐ DELETE

2. 1 TITLE ☐ Change ☒ Addition
22 NAME President
23 STREET ADDRESS BESA, Dominick
24 CITY-ST-ZIP 192 Stony Point Dr.
Berwyn PA 19312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3. 1 TITLE ☐ Change ☒ Addition
32 NAME S/T
33 STREET ADDRESS BESA, Geraldine M.
34 CITY-ST-ZIP 6344 Shinnecock Ln.
Lake Worth FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4. 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5. 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6. 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Dominick Besa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

954-491-9090
Daytime Phone #

CR2E034 (12/95)