


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041045

1. Corporation Name

GOLD COAST INTERIOR SAVERS, INC.

Principal Place of Business

Mailing Address

755 WHITE OAK RD
DENVER PA 17517
US

755 WHITE OAK RD
DENVER PA 17517
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1720 SW 12th St	26	1720 SW 12th St	05/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3419431	
City & State		City & State		Applied For	
23	Boca Raton, FL	28	Boca Raton FL	Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24	33486	29	33486	<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25	Palm Beach	30	Palm Beach	<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOLIGROSZ, MICHAEL J
95 SE 7TH AVE
DEERFIELD BEACH FL 33441

CHANGE ADDRESS

81 Name MICHAEL J. STOLIGROSZ
82 Street Address (P.O. Box Number is Not Acceptable) 1720 SW 12th St
83
84 City Boca Raton FL 85 Zip Code 33486

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

Michael Stoli Grosz Pres. 2/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	STOLIGROSZ, MICHAEL J	1.2 NAME	STOLIGROSZ MICHAEL J
STREET ADDRESS	95 SE 7TH AVE	1.3 STREET ADDRESS	1720 SW 12th St
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	Boca Raton FL 33486
TITLE	D	2.1 TITLE	D
NAME	STOLIGROSZ, MELODIE C	2.2 NAME	STOLIGROSZ melodie c
STREET ADDRESS	95 SE 7TH AVE	2.3 STREET ADDRESS	1720 SW 12th St
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Vice Pres.

SIGNATURE: *Michael Stoli Grosz* *Melodie C. Stoli Grosz* 2/28/99 934-977-5515

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