

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90163 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021276

1. Corporation Name
GOLD CREST EXTERIORS, INC.



Principal Place of Business 3815 NORTH US HWY 1 SUITE 43 COCOA FL 32926	Mailing Address 3815 NORTH US HWY 1 SUITE 43 COCOA FL 32926
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/07/1997	4. FEI Number 59-3431149	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. 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
**ALDRICH, RICHARD
3815 NORTH US HWY 1
SUITE 43
COCOA FL 32926**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	ALDRICH, ROBERT	1.2 NAME
STREET ADDRESS	2835 WESTGATE ROAD	1.3 STREET ADDRESS
CITY-STATE-ZIP	OMAHA FL 68124	1.4 CITY-STATE-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	ALDRICH, RICHARD	2.2 NAME
STREET ADDRESS	2665 HUTCHISON PLACE	2.3 STREET ADDRESS
CITY-STATE-ZIP	TITUSVILLE FL 32780	2.4 CITY-STATE-ZIP
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	ALDRICH, WILLIAM	3.2 NAME
STREET ADDRESS	2665 HUTCHISON PLACE	3.3 STREET ADDRESS
CITY-STATE-ZIP	TITUSVILLE FL 32780	3.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
ALDRICH, ROBERT W.
3580 STEPHEN COURT
TITUSVILLE, FL 32780
DVT <input type="checkbox"/> Change <input type="checkbox"/> Addition
ALDRICH, RICHARD
2665 HUTCHISON PLACE
TITUSVILLE, FL 32780
DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
ALDRICH, PATRICIA p.a.
2665 HUTCHISON PLACE
TITUSVILLE, FL 32780
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Aldrich Robert Aldrich 3/15/99 407-639-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (anytime Phone #

CR2E034 (11/98)