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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000030116

1. Corporation Name

GOLD COAST APPRAISAL & REALTY, INC.

|  | •  |                                |               |               |                     |  |                                      |                        |
|--|--|--------------------------------|---------------|---------------|---------------------|--|--------------------------------------|------------------------|
| Principal Place of Business Mailing Address          |  |                                |               |               |                     |  |                                      |                        |
| 141 NW 20 STREET STE G-126 141 NW 20 STREET STE G-12 |  |                                |               | 6             |                     |  |                                      |                        |
| BOCA RATON FL 33431 BOCA RATON FL 33431              |  |                                |               |               |                     | DO NOT INDITE IN   | THE CDACE                            |                        |
|  |  |                                |               |               |                     | DO NOT WRITE IN  | THIS SPACE                           |                        |
|  | •  |                                |               |               |                     | 3. Date Incorporated or Qualified 04/01/1997   |                                      |                        |
| 2. Principal P                                       | lace of Business   | 2a, Mailing Add                | ess           |               |                     | 4. FEI Number  | Ap                                   | plied For              |
| 21 .   | •  | 26                             |               |               |                     | 65-0744912   |                                      | ot Applicable          |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.            |               |               |                     | 5. Certificate of Status Desired   | \$8.75 A                             |                        |
|  |  |                                | ity & State   |               |                     | 6. Election Campaign Financing   | \$5.00                               | May Be                 |
| 23   | •  | 28                             |               |               |                     | Trust Fund Contribution  | Added t                              | to Fees                |
| Zip  | Country  | Zip                            |               | Country       |                     | 8. This corporation owes the current ye  | ear Intangible                       |                        |
| 24   | 25   | 29                             | 30            |               |                     | Personal Property Tax.   |                                      | XNo                    |
|  | 9. Name and Address of Cu  | rrent Registered Agent         |               |               |                     | 10. Name and Address of New Regist   | tered Agent                          |                        |
| 0.4  |  |                                |               | 81            | Name                |  |                                      |                        |
| GLAHM, MICHAEL                                       |  |                                |               | 82            | Street Add          | ress (P.O. Box Number is Not Acceptable)   |                                      |                        |
| 141 NW 20 STREET STE G-126                           |  |                                |               |               |                     |  |                                      |                        |
| BOCA RATON FL 33431                                  |  |                                |               | 83            |                     | ·  |                                      | Ī                      |
|  |  |                                |               | 84            | City                |  | 85 Zip 0                             | Code                   |
|  |  |                                |               |               | -                   |  | FL                                   |                        |
| office or r  | to the provisions of Sections 607<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob | ate of Florida, Such char      | ide was autho | onzed by i    | ine comoraii        | poration submits this statement for the purpoion's board of directors. I hereby accept the | se of changing its appointment as re | registered<br>gistered |
|  | in tallinor with and accept the or   | ingulation of, Council Council |               |               |                     |  |                                      | {                      |
| SIGNATURE  | Signature, typed or printed name of registered   | agent and title if applicable. | (NOTE: Rec    | gistered Agen | t signature require | ed when reinstating) D/  | ATE .                                |                        |
| 12.  | OFFICERS   | AND DIRECTORS                  |               | 13.           |                     | ADDITIONS/CHANGES TO OFFICE  |                                      |                        |
| TITLE  | VPST   |                                | ELETÉ         | 1.1 TITLE     |                     |  | . Change                             | Addition               |
| NAME .   | GLAHM, LILIANA   |                                |               | 1.2 NAME      |                     |  |                                      |                        |
| STREET ADDRESS                                       | 141 NW 20 STREET, SUITE  | G126                           |               | 1.3 STREET    | ADDRESS             | •  |                                      |                        |
| CITY-ST-ZIP  | BOCA RATON FL 33431  |                                |               | 1.4 CITY-ST   | -ZIP                |  |                                      |                        |
| TITLE  | Ρ  |                                | ELETE         | 2.1 TITLE     |                     |  | Change                               | Addition               |
| NAME   | GLAHM, MICHAEL   |                                |               | 2.2 NAME      | ,                   |  |                                      |                        |
| STREET ADDRESS                                       | 141 NW 20 STREET, SUITE  | G126                           |               | 2.3 STREET    | ADDRESS             | •  |                                      |                        |
| CITY-ST-ZIP  | BOCA RATON FL 33431  |                                |               | 2. 4 CITY-S   | T-ZIP               |  |                                      |                        |
| TITLE  |  |                                | ELETE         | 3.1 TITLE     |                     | :  | ☐ Change                             | Addition               |
| NAME   |  |                                |               | 3.2 NAME      |                     |  |                                      | İ                      |
| STREET ADDRESS                                       |  |                                |               | 3.3 STREET    | ADDRESS             |  |                                      |                        |
| CITY-ST-ZIP  |  |                                | •             | 3.4. CITY-S   | T- ZIP              |  |                                      |                        |
| TITLE  |  |                                | ELETE         | 4.1 TITLE     |                     |  | ☐ Change                             | ☐ Addition             |
| NAME   | • ,  |                                |               | 4. 2 NAME     |                     | •  |                                      | Ì                      |
| STREET ADDRESS                                       | ,  |                                |               | 4.3 STREET    | ADDRESS             | •  |                                      |                        |
| City-St-ZIP  |  |                                |               | 4.4 CITY-\$1  | -ZIP                |  |                                      |                        |
| TITLE  |  |                                | ELETE         | 5.1 TITLE     |                     |  | ☐ Change                             | ☐ Addition             |
| NAME   |  |                                |               | 5.2 NAME      |                     | •  |                                      |                        |

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition

May 04, 1999 8:00 am Secretary of State

05-04-1999 90083 010 \*\*\*150.00