

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047332 (6)

1. Corporation Name

GOLDEN COAST TOUR SERVICES INC.

Principal Place of Business

8755 ALEGRE CIRCLE
ORLANDO FL 32819

Mailing Address

8755 ALEGRE CIRCLE
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3470160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 7345 Sand Lake Rd

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Orlando Florida

Zip

24 32819

Country

25 Orange

2a. Mailing Address

26 7345 Sand Lake Rd

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Orlando Florida

Zip

29 32819

Country

30 Orange

9. Name and Address of Current Registered Agent

SUTTON, DONALD A
5850 LAKEHURST DRIVE
SUITE 100
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME MADUREIRA, NELSON J
STREET ADDRESS 8755 ALEGRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE SVD
NAME RANGEL, GUSTAVO B
STREET ADDRESS 8755 ALEGRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

1.1 TITLE President
1.2 NAME
1.3 STREET ADDRESS 7345 Sand Lake Rd. Suite 201
1.4 CITY-ST-ZIP Orlando FL 32819

☒ Change ☐ Addition

2.1 TITLE Secretary
2.2 NAME
2.3 STREET ADDRESS 7345 Sand Lake Rd Suite 201
2.4 CITY-ST-ZIP Orlando FL 32819

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 a address.

CR2E034 (10/97)