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 # **P97000057211**1. Corporation Name

GOLD COAST AUTOS INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90119 017 ***150.00



Principal Place	e of Business	Mailing Address				()BE(1881 JIÑ IÑI() 1881(88111 88	151 48411 881	. W	11991 (191 100)
620 NE 24 STR POMPANO BEA		620 NE 24 STREET POMPANO BEACH FL 33064				DO NOT WRI	TE IN TH	IS SPACE	
					3.	Date Incorporated or Qualifed 06/30/1997			
2 Principal Pt	ace of Business	2a. Mailing Address			4.	FEI Number		Apr	olied For
21 -5 20		26	26			65-0765061		Not	Applicable
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			Certifcate of Status Desired		\$8.75 A Fee Re		
City & State	e	City & State	28			6. Election Campaign Financing Trust Fund Contribution Added to Fees			
zip 24 3476	59 25 Oscerla	Zip . 29 30	- ·			This corporation owes the curr Personal Property Tax.		☐ Yes	□No
	Name and Address of Curren	t Registered Agent			10.	Name and Address of New F	Registere	d Agent	
000	AMETT ANGUASI		81	Name					
CROMMETT, MICHAEL 3550 NW 8 AVE, #607				Street A	Address (F	P.O. Box Number is Not Accepta	able)		
POMPANO BEACH FL 33064			83						
FOM	IFANO BEACH I'E 33004		03						
			84			1.5	F		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	orized by	tne corpo	pration's b	oard of directors, I hereby accep	ot the app	pointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	nt signature re	equired when	reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS /		
TITLE	P	DELETE	1.1 TITLE		P.	n 1		Change	☐ Addition
NAME	CROMMETT, MARSHIA		1.2 NAME		Plu	mmer Marshi NE243T Ipano Beach	a		
STREET ADDRESS	020 112 2 1111 0 1			T ADDRESS	620	NE2431 1	رسس	224/1	,
CITY-ST-ZIP				T-ZIP	Pon	pano Beach	FL	33064	A delistan
TITLE		☐ DELETE	2.1 TITLE		•	<i>'</i>	•	Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	<u> </u>			Change	Addition
TITLE		☐ DELETE	3.1 TITLE	İ		•		Change	Z ACCION
NAME			3.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-1	S1-ZIP				☐ Change	Addition
TITLE			4.2 NAME					_ v	_
NAME			l .	T ADDRESS					
STREET ADDRESS			4.4 CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE)1-CIF				Change	Addition
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP					ł
TITLE		☐ ĐELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS		•	6.3 STREE	T ADDRESS				•	

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 of supplemental amount report is tripe 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 of 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 appear with an appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: