

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90050 010 ***158.75

DOCUMENT # P97000060680

1. Corporation Name

FLORIDA GOLD COAST PROPERTY MAINTENANCE CORPORAT
ION

Principal Place of Business

3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

1386 NW 112 WAY
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

65-0431286

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 the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2809 NW 91 AVE

22 City & State

27 105
City & State

23 Zip Country

28 CORAL SPRINGS FL
29 33065 30 Broward.

9. Name and Address of Current Registered Agent

JAMES WILLIAMS
1386 NW 112 WAY
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

2809 NW 91 AVE SUITE 105

83 CORAL SPRINGS FL 33065

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

PRESIDENT.

4-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME O'DONNELL, JOHN D ESQ
STREET ADDRESS 3121 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE PRESIDENT

1.2 NAME JAMES H. WILLIAMS

1.3 STREET ADDRESS 2809 NW 91 AVE #105

1.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

954-346-6634

Daytime Phone #

CR2E034 (11/98)