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 # **P98000048478**1. Corporation Name

GOLD COAST AUTO FINANCE, INC.

Principal Plac	ce of Business		Mailing Address				i		
909 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062			909 S. FEDERAL HIGHWAY POMPANO BEACH FL 33062				DO NOT WRITE IN TH	HIS SPACE	
							3. Date Incorporated or Qualifed 05/22/1998		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				65-0436052	No.	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	Additional
22			27				Certificate of Status Desired Fee Required		
City & Stat	te		City & State				6. Election Campaign Financing	\$5.00	May Be
			28				Trust Fund Contribution	Added to	
Zip Country			Zip Country			,	8. This corporation owes the current year		
24	25	•	29	30			Personal Property Tax.		□No
<u> </u>		Address of Current					10. Name and Address of New Registers	ed Agent	
		100,000 1.	1109.0		81	Name			
ACC	CARDI, EDMUND			82					
909 S. FEDERAL HIGHWAY						Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	MPANO BEACH F								
					84	City		85 Zip C	Code
44 Durayant	C. the mentioned	-1 C-ations 607 050	2 607 1509 (Florido Statutos	the abov	n named cou	_		registered
office or i	registered agent, or	er both in the State of	of Florida, Such cl	change was auth	horized by	the corporat	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as rec	gistered
agent. I a	am familiar with, an	nd accept the obligat	tions of, Section 6	07.0505, Florid	a Statutes				
SIGNATURE	<u></u>								
Signature, typed or printed name of registered agent and title if applicable. (NOTE						it signature requir	ired when reinstating) DATE	AND DIDECTO	DC IN 12
12.	T	OFFICERS ANI	ID DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	· · · · · · · · · · · · · · · · · · ·	L	DELETE	11 TITLE			[] Criange	Muquisi.
NAME	ACCARDI, EDI				1.2 NAME				
STREET ADDRESS					1.3 STREET	T ADDRESS			
CITY-ST-ZIP	POMPANO BE	ACH FL 33062			1.4 CITY-ST	T-ZIP			
TITLE				DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME					2.2 NAME				
STREET ADDRESS	,				2.3 STREET	T ADDRESS			,
	1				2. 4 CITY-S				ĺ
CITY-ST-ZIP	 			DELETE	3.1 TITLE	31-21-		☐ Change	Addition
TITLE	1		_		,				
NAME					32 NAME				
STREET ADDRESS	1			- -1	3.3 STREET				
CITY-ST-ZIP	<u> </u>				3.4. CITY-S	iT-ZIP		Change	- Addition
TITLE			L	DELETE	4.1 TITLE			Change	Addition
NAME					4. 2 NAME				
STREET ADDRESS	;}				4 3 STREET	TADDRESS			
CITY-ST-ZIP					4.4 CITY-ST	T-ZIP			
TITLE		-	[DELETÉ	5.1 TITLE			☐ Change	☐ Addition
NAME					52 NAME				
	,				5.3 STREET	T ADDRESS			
STREET ADDRESS	1				5.4 CITY-S				
CITY-ST-ZIP				DELETE	6.1 TITLE	1-217		Change	Addition
TITLE	1		ı	DELETE	O. I THEE				

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90007 001 ***900.00

CR2E034 (11/98)

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 cath; that I am an officer or director of the corporation or the secretary 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 the empowered.

SIGNATURE:

NAME

STREET ADDRESS