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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000071291**

GOLD COAST APARTMENTS, INC.

276 SE 1ST CT. #4 POMPANO BCH FL 3092  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  2. Sulfe, Apt. #, etc.  2. Sulfe, Apt. #, etc.  3. Date incorporated or Qualified  08/15/1998  4. YEI Number  Not Applicable  Sulfe, Apt. #, etc.  5. Certificate of Status Desired  2. Sulfe, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. City & State  2. Do NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  08/15/1998  3. Suite, Apt. #, etc.  5. Certificate of Status Desired  7. Principal Property Tax.  8. Status Truncing Complete or Status Desired  10. Name and Address of Current Registered Agent  11. Name and Address of New Registered Agent  12. Status Truncing Complete or Status Desired  13. Name and Address of New Registered Agent  14. PoMPANO BCH FL 33082  82. Street Address (P.O. Box Number is Not Acceptable)  15. Status S								
POMPANO BCH FL 33062  POMPANO BCH FL 33062  POMPANO BCH FL 33062  POMPANO BCH FL 33062  Pompano Place of Business  2. Principal Place of Business  3. Date Incorporated or Qualified  4. FEI Number  5. Certificate of Status Desired  8. 8.75 Additional Fee Required  City & State  2. City & State  2. City & State  2. City & State  2. City & State  3. Belicino Companient Financing Trust Fund Contribution  4. Applied For Name Added to Fees  4. Fee Required  5. Contrict of Status Desired  5.	Principal Place	e of Business	Mailing Address					
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Principal Place of Business   2a Mailing Address   4. FEI Number   Applied Formation   Applied Formation   26   4. FEI Number   Not Applied Formation   Not Applied Formation   Not Applied Formation   State   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   Fee Required   Fee						DO NOT WRITE IN THIS SPACE		
2. Mailing Address   3. Mail						3. Date Incorporated or Qualifed		
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Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	2. Principal Place of Business 2a. Mailing Address					4. FEI Number	. Ap	plied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site   Status Desired   St. 7 Additional   St. 7 Addition	21 26					65 085 8597	No	t Applicable
City & State    City & State   City & State   City & State   Country   Zip   Zip	Suite, Apt. #, etc. Suite, Apt. #, etc.			F Continue of Status Decised				
Zip Country Zip Country B. This corporation was the current year inangible of Personal Property Tax. Signed Agent Personal Personal Property Tax. Signed Agent Personal Proper	City & State City & State					6 Flection Campaign Financing -	\$5.00	May Be
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year Intangible   Personal Property Tax.   Zives   No								
9. Name and Address of Current Registered Agent  ### 10. Name and Address of New Registered Agent  #### 10. Name and Address of New Registered Agent  ###################################					Country 8. This corporation owes the current year Intangible			
### 10. Name and Address of New Registered Agent  ### 10. Name and Address of New Registered  ### 10. Name and Address of New Registered Agent  ### 10. Name and Address of New Registered  ### 10. Name and Address of New Registered  ### 10. Name and Address of New Registered  ### 11. Name and Address of New Registered Agent  ### 11. Name and Address of New Registered Agent  ### 11. Name and Address of New Registered  ### 11. Name and Address of New Registered  ### 11. Name and Address of New Registered Agent  ### 11. Name and Address of New Registered  ### 11. Name and Address of Ne	24	25 29 3			Personal Property Tax.			□No
HILL, ROGER B 2765 SE 1ST CT. #4 POMPANO BCH FL 33062  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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, Typed or printed name of registered agent and title # appointment as registered agent and title # appointment as registered agent and title # appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered statutes.  SIGNATURE Signature, Typed or printed name of registered agent and title # appointment agent and title # appointment as registered agent septiature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE 1.1 TITLE 1.2 PAME 1.3 STREET ADDRESS  CITY, ST-ZIP 1.4 CITY, ST-ZIP 1.5 Change Addition AME 1.5 STREET ADDRESS  ST			nt Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent	
2765 SE 1ST CT., #4 POMPANO BCH FL 33062  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 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, 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, 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 signalure, hyped or printed name of registered agent and title if appealable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. WAVE  12. WAVE  12. WAVE  13. STREET ADDRESS  21. Change Addition  14. CITY-ST-ZIP  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  19. Change Addition  10. Change Addition  11. TITLE  12. WAVE  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  20. Change Addition  21. Change Addition  22. NAME  23. STREET ADDRESS  24. CITY-ST-ZIP  24. CITY-ST-ZIP  25. CHANGES  25. CHANGES  26. CHANGES  27. CHANGES  28.				81	Name			
POMPANO BCH FL 33062  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the apparatus 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  NAME  STREET ADDRESS  CITY- 57-27P  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.3 STREET ADDRESS  CITY- 57-27P  2.4 CITY- 57-27P  2.4 CITY- 57-27P  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY- 57-27P	2765 SE 1ST CT., #4				Street Add	dress (P.O. Box Number is Not Acceptable)		
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STREET ADDRESS 4.3 STREET ADDRESS					:			
	CITY-ST-ZIP		İ					_

6.4 CITY-ST-ZIP CiTY-ST-ZiP lify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I that I other like empowered. 14. I hereby certify that the information supplied with this filing does not quindicated on this annual report or supplemental annual report is true a officer or director of the continuous properties of the properties of the continuous properties. The properties of the continuous properties of the continuous properties of the continuous properties.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

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NAME

☐ DELETE

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Daytime Phone #

Change ☐ Addition

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