


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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S36199 (5)

1. Corporation Name
GOLD COAST CASH REGISTER SALES, INC.

Principal Place of Business

Mailing Address

% JAMES P. JACOBSEN
3972 N. MONROE ST.
TALLAHASSEE FL 32303
US

% JAMES P. JACOBSEN
3972 N. MONROE ST.
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1991

4. FEI Number

59-3047064

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 1336 Vickers Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 1336 Vickers Dr.
Suite, Apt. #, etc.

23 City & State
TALL, Fla

27 City & State
TALL, Fla

24 Zip
32303

25 Country
Leon

29 Zip
32303

30 Country
Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSEN, JAMES P.
3972 N. MONROE ST.
TALLAHASSEE FL 32303

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JACOBSEN, JAMES P.
2826 GREEN FOREST LANE
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KEMMER, LISA MARIE
104 LANCER COURT
CLARKSVILLE TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JACOBSEN, MARY ELLEN
2826 GREEN FOREST LANE
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JACOBSEN, TONI LYNN
1414 ERIN LANE
NASHVILLE TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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.

SIGNATURE:

Mary Ellen Jacobsen

4/15/98

562-9709

CR2E034 (10/97)