

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

FILED
Apr 20 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S61257 (9)
1. Corporation Name
GOLDCOAST ELECTRIC INC.

Principal Place of Business
1370 LAURELWOOD LANE
DELRAY BEACH FL 33445
US

Mailing Address
1370 LAURELWOOD LANE
DELRAY BEACH FL 33445
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|-----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/20/1991 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 25 Suite, Apt. #, etc. | 26 City & State |
| 27 Zip | 28 Country | 29 Suite, Apt. #, etc. | 30 City & State | 31 Zip | 32 Country |
| 9. Name and Address of Current Registered Agent MARKS, WALTER BRADFORD 1370 LAURELWOOD LANE DELRAY BEACH FL 33445 | | | | 10. Name and Address of New Registered Agent | |
| 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. | | | | 81 Name | |
| SIGNATURE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| Signature, typed or printed name of registered agent and title if applicable | | | | 83 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | 84 City | |
| DATE | | | | 85 Zip Code | |

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|----------------------------|---|---|-----------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P MARKS, WALTER B 1370 LAURELWOOD LANE DELRAY BEACH FL | 1.1 TITLE | Change Addition |
| NAME | VP MARKS, LORI A. 1370 LAURELWOOD LANE DELRAY BEACH FL | 1.2 NAME | Change Addition |
| STREET ADDRESS | ST MARKS, LORI A 1370 LAURELWOOD LANE DELRAY BEACH FL | 1.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | Change Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | Change Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | Change Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | Change Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | Change Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Change Addition |

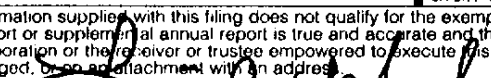
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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| 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, on an attachment with an address. | |
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SIGNATURE:  3/21/98 954-698-5985

CR2E034 (10/97)