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

PROFIT

FILED May 13, 1999 8:00 am

CORPORATION ANNUAL REPORT		Katherine Harris Secretary of State				Secretary of State 05-13-1999 90048 020 ***150.00	
1	1999	DIVISION OF CORPORATIONS				03-13-1999 90048 020 ***130.00	,
<u> </u>	MENT # S66132 (9)					
GOLD COAST PLASTERING, INC.					5 550052 - 90048 - 20 2 *		
Principal Place	of Business	Mailing Ad	dress				/
1222 SILVERADO SAME					1		
NORTH LAUD. FL 33068					DO NOT WRITE IN THIS SPACE		
)					•	3. Date Incorporated or Qualified 07/15/1991	
	Place of Business	2a. Mailing	Address			4. FEI Number Applied For	_
21 Suito Ant		26			-	650271711 Not Applica \$8.75 Additional	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & Star	10	City & State				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees	
23 Zip	Country	Zip		Cou	ntrv	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal	\dashv
24	25	29	30	_		Property Tax. X Yes No	
	9. Name and Address of Current	Registered A	gent		Od North	10. Name and Address of New Registered Agent	
		,			81 Name		
RULAND, STEPHEN P. 82 Street Addre					Address (P.O. Box Number is Not Acceptable)		
1222 SILVERADO 83						\neg	
	LAUD. FL 33068				84 City	85 Zip Code	
						FL '	
rogictorod	to the provisions of Sections 607.0502 office or registered agent, or both, in red agent. I am familiar with, and acce	the State of F	Inrida Such ch	anda v	ras authorize	ned corporation submits this statement for the purpose of changing its ed by the corporation's board of directors. I hereby accept the appointm Statutes.	ent
SIGNATURE		-				red Agent signature required when reinstating) DATE	_ _
12.	Signature, typed or printed name of registers OFFICERS AND DI		e it applicable.	13.	JIE: Registere	red Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- (ag/
TITLE	D		DELETE	1.1 TI	TLE	ChangeAddi	fition 🖫
NAME	RULAND, STEPHEN	P.	_	1.2 N			F034
STREET ADDRESS	ss 1222 SILVERADO			1.3 STREET ADDR 1.4 CITY - ST - ZII			Ē
CITY - ST - ZIP	NORTH LAUD. FL 3	3068	DELETE	1.4 C 2.1 Ti		Change Add	lition C
TITLE NAME	D KRIZ, JAMES A.			2.1 2.2 N		January	
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CITY - ST - ZIP	MARGATE, FL 3306	<u> 4</u>			TY - ST - ZIP	la l	
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CITY - ST - ZIP	<u></u>		DELETE	5.1 TI		Change Addi	ition
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NAME STREET ADDRESS				6.2 N 6.3 ST	AME Freet address	s	-
SIRECI ADURESS					TV - ST - 71P		

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:

Date

Daytime Phone #