PROFIT CORPORATION-ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S93937

1. Corporation Name

GOLD COAST VENTURES, INC.

Principal Place	of Duginose	Mailing Address					III BİBII IBBI
•		5879 HAMILITON WAY					
5879 HAMILITOI BOCA RATON I		BOCA RATON FL 33496				•	
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
	I During and	2a. Mailing Address			11/14/1991 4. FEI Number	Ann	lied For
_	lace of Business	2a. Mailing Address			65-0326781		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	
22	,	27			5. Certifcate of Status Desired	Fee Rec	juired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Int		JNo
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curr	ent Registered Agent		31 Name	10. Harrie and Address of Non Adgisters		
ZITR	IN, ROGER N.		L		(CO Dayley by in New Association)		
1	HAMILTON WAY)	32 Street A	ddress (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33496			33			
Í				34 City		85 Zip C	nde
			1		F <u>L</u>	• 1 1 ·	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was gations of, Section 607.0505, Florida	tes, the ab authorized orida Statu	ove-named only the corpores.	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	changing its r ntment as reg	egistered istered
		•					
SIGNATURE	•				guired when reinstation) DATE		\
	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered A		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS			gent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registered a OFFICERS /	agent and title if applicable. (NOT	E: Registered A	gent signature re	40000 11/10/17 12/11/19/19		
12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PTD ZITRIN, PAULA	agent and title if applicable. (NOT	13. 1.1 TITL 1.2 NAM	gent signature re	40000 11/10/17 12/11/19/19		
12.	Signature, typed or printed name of registered a OFFICERS A PTD ZITRIN, PAULA	ogent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STF	gent signature re	40000 11/10/17 12/11/19/19	☐ Change	Addition
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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 the receiver or trustee empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90063 026 ***150.00