

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90289 022 \*\*\*150.00

DOCUMENT # V68032

1. Corporation Name

GOLD COAST LIMOUSINES, INC.

Principal Place of Business

8 BRIGHTON CT.  
PALM BEACH GARDENS FL 33418

Mailing Address

8 BRIGHTON CT.  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1992

4. FEI Number

65-0367364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1601 BELVEDERE RD.

Suite, Apt. #, etc.

22 Suite #403

City & State

23 W.P. BEACH FL.

Zip

24 33406

Country

25 USA

2a. Mailing Address

26 1601 BELVEDERE RD

Suite, Apt. #, etc.

27 Suite #403

City & State

28 W.P. BEACH FL.

Zip

29 33406

Country

30

9. Name and Address of Current Registered Agent

METTLER, PETER W.  
140 ROYAL PALM WAY  
SUITE 206  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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. 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

TITLE DP  
NAME FREDERICK, ELIZABETH A.  
STREET ADDRESS 8 BRIGHTON CT.  
CITY-ST-ZIP PALM BCH GARDENS FL

☒ DELETE

TITLE ST  
NAME FREDERICK, ELIZABETH A.  
STREET ADDRESS 8 BRIGHTON CT.  
CITY-ST-ZIP PALM BCH GARDENS FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRX.  
1.2 NAME FREDERICK, ELIZABETH A.  
1.3 STREET ADDRESS 5813 S.E. FOREST GLADE TRAIL  
1.4 CITY-ST-ZIP HOBBS SOUND, FL. 33455

☒ Change

☐ Addition

2.1 TITLE FREDERICK, ELIZABETH A.  
2.2 NAME FREDERICK, ELIZABETH A.  
2.3 STREET ADDRESS 5813 S.E. FOREST GLADE TR.  
2.4 CITY-ST-ZIP HOBBS SOUND, FL. 33455

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-689-7112

CR2E034 (11/98)