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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704284 (9)

1. Corporation Name
GOLD COAST COIN CLUB, INC.

Principal Place of Business 4107 FILLMORE ST. HOLLYWOOD FL 33021	Mailing Address 4107 FILLMORE ST. HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified

07/16/1962

4. FEI Number

59-1794215

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, ROGER D.
4107 FILLMORE ST.
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, 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	P	1.1 TITLE	DIRECTOR
NAME	ESHLEMAN, MARK	1.2 NAME	ESHLEMAN, MARK
STREET ADDRESS	1484 E. HALLANDALE BEACH BLVD.	1.3 STREET ADDRESS	2351 E. HALLANDALE BEACH BLVD
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL
TITLE	TVP	2.1 TITLE	TREASURER
NAME	LANE, ROGER	2.2 NAME	ROGER LANE
STREET ADDRESS	4107 FILLMORE ST.	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	TT	3.1 TITLE	PRESIDENT
NAME	HYNDS, PATRICIA A.	3.2 NAME	ROBERT HAMPTON
STREET ADDRESS	3520 S.W. 36TH CT.	3.3 STREET ADDRESS	20281 E. COUNTRY CLUB DR.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	ADVENTURA, FL 33180
TITLE	D	4.1 TITLE	VICE PRESIDENT
NAME	BLATTER, RICHARD	4.2 NAME	BLATTER, RICHARD
STREET ADDRESS	7516 SW 28 STREET	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DIRECTOR
NAME	GLAUSIER-JEFF	5.2 NAME	CERNOBYL, STEPHEN
STREET ADDRESS	2130 SOUTH FEDERAL HWY	5.3 STREET ADDRESS	5201 CLEVELAND ST
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D	6.1 TITLE	
NAME	HASPIL, MARVIN	6.2 NAME	
STREET ADDRESS	2440 N.E. 214 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Hampton REQUIRED

1/5/98 305-932-8545

CR2E037 (10/97)