

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90027 013 ****61.25

DOCUMENT # 704284 ✓

Corporation Name

GOLD COAST COIN CLUB, INC.

Principal Place of Business

1107 FILLMORE ST.
HOLLYWOOD FL 33021

Mailing Address

4107 FILLMORE ST.
HOLLYWOOD FL 33021



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	07/16/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-1794215
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
3	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
4	25	29
30		

9. Name and Address of Current Registered Agent

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

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESHLEMAN, MARK	1.2 NAME	
STREET ADDRESS	2351 E HALLANDALE BCH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ROGER	2.2 NAME	
STREET ADDRESS	4107 FILLMORE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, ROBERT	3.2 NAME	P HAMPTON ROBERT
STREET ADDRESS	20281 E COUNTRY CLUB DR	3.3 STREET ADDRESS	1000 S.W. 10 TERRACE
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATTER, RICHARD	4.2 NAME	VP BLATTER, RICHARD
STREET ADDRESS	7516 SW 28 STREET	4.3 STREET ADDRESS	2455 N. NOD-HILL RD. #103
CITY-ST-ZIP	DAVE FL	4.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERNOBYL, STEPHEN	5.2 NAME	
STREET ADDRESS	5201 CLEVELAND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASPI, 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, with all other like empowered.

SIGNATURE:

Robert Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 954-958-9186
Date Daytime Phone #

CR2E037 (5/99)