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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 719233

1. Corporation Name

THE GOLD COAST CHAPTER, INC. OF THE DOOR AND HAR
DWARE INSTITUTE

Principal Place of Business

C/O JOE NUNN
7521 SW 28TH ST
DAVIE FL 33314
US

Mailing Address

C/O JOE NUNN
7521 SW 28 ST
DAVIE FL 33314
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKO EDWARD J. ESQ.
MARKO & STEPHANY
1401 E. BROWARD BLVD., STE. 201
FORT LAUDERDALE FL 33301

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 PD
NAME BELL, JAMES
STREET ADDRESS 1850 NE 146 ST
CITY-ST-ZIP NO MIAMI FL 33181

DELETE

TITLE VD
NAME CLEARY, JACK
STREET ADDRESS 4724 NE 16 AVE
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE SD
NAME THACKER, KORA
STREET ADDRESS 5700 NW 60 PLACE
CITY-ST-ZIP PARKLAND FL 33067

DELETE

TITLE TD
NAME NUNN, JOE
STREET ADDRESS 7521 SW 28 ST
CITY-ST-ZIP DAVIE FL 33314

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

CR2E037 (11/98)

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

954-423-4330