

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

55 MAY -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719261 (0)**

1. Corporation Name  
**GOLD COAST CHAPTER OF ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA, INC.**

Principal Place of Business <b>4700 NW 2ND AVE BOCA RATON FL 33431</b>	Mailing Address <b>4700 NW 2ND AVE BOCA RATON FL 33431</b>
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21. Principal Place of Business Suite, Apt. #, etc City & State Zip	22. Mailing Address Suite, Apt. #, etc City & State Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/04/1970</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FBI Number <b>59-1216595</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under G. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHAW, DANNY J  
4700 NW 2ND AVE.  
#203  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	84. City	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)		<b>FL</b>
83.		

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 registrant agent and title, if applicable) \_\_\_\_\_ NOTE: Registered Agent signature required when registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVP SHAW, DANNY J. 4700 NW 2ND AVENUE BOCA RATON FL 33431</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ABERNATHY, BEN P.O. BOX 560175 N/A MIAMI FL 33156</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ROBERTSON, JIM 1360 NW 33RD STREET POMPANO BEACH FL 33064</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CORN, STEVE 4317 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD BRADFORD, MIKE 3452 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33309</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ST Sokolow, Elliot 1700 Banks Road Margate, FL 33063</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD PHILLIPS, JIM 5582 NW 79TH AVE. MIAMI FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V Zuckerman, Jay 600 Sandtree Drive, #208 Palm Beach Gardens, FL 33403</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption from filing under Section 14.07(6)(b), Florida Statutes. I further certify that the information included in 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; 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 checked, or in an attached report with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/24/95** (407) 994-2640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR