

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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>
---	---

3. Date Incorporated or Qualified <b>09/04/1970</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1216595</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAW, DANNY J.</b>	1.2 NAME	<b>MC CONCHIE, JAMES P.</b>
STREET ADDRESS	<b>4700 NW 2ND AVENUE</b>	1.3 STREET ADDRESS	<b>2150 N.W. 33RD ST., SUITE C</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNE, GREG</b>	2.2 NAME	
STREET ADDRESS	<b>5365 STIRLING RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOPES, RAY</b>	3.2 NAME	<b>DEL VECCHIO, PAUL</b>
STREET ADDRESS	<b>5891 RODMAN ST</b>	3.3 STREET ADDRESS	<b>1181 S. ROGERS CIRCLE, #12</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRADFORD, MIKE</b>	4.2 NAME	<b>MAURER, JESSE</b>
STREET ADDRESS	<b>3452 W. BOYNTON BEACH BLVD.</b>	4.3 STREET ADDRESS	<b>6851 S.W. 21ST CT.</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>DAVIE, FL 33317</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT, BRUCE</b>	5.2 NAME	
STREET ADDRESS	<b>6300 NW 5TH WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKERMAN, JAY</b>	6.2 NAME	
STREET ADDRESS	<b>3878 PROSPECT AVE #21</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIEGER BCH FL</b>	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: \_\_\_\_\_ **4/20/98** **54-994-2640**

CR2E037 (10/97)