


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).

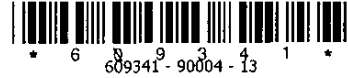
**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90004 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761631** ✓

1. Corporation Name  
**GOLD COAST AUXILIARY FOR ANN STORCK CENTER, INC.**



Principal Place of Business C/O MARION BONAVALANT 3500 GALT OCEAN DR., APT. 103 FT. LAUDERDALE FL 33308	Mailing Address C/O MARION BONAVALANT 3500 GALT OCEAN DR., APT. 103 FT. LAUDERDALE FL 33308
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2152117
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

**BONAVALANT, MARION MESSINA**  
 3500 GALT OCEAN DR., APT. 103  
 FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name <i>Marion Messina Bonavalant</i>	85 Zip Code <b>FL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <i>3500 Galt Ocean Dr apt 103</i>	
83 <i>FT Land. Fl 33308</i>	
84 City	

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 MARION M. BONAVALANT PRES. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BONAVALANT, MARION M.	
STREET ADDRESS	3500 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASORIA, MARY ALICE	
STREET ADDRESS	2750 N.E. 29TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CASORIA, KAY	
STREET ADDRESS	4020 GALT OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIRSCH, FLORENE	
STREET ADDRESS	3500 GALT OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROTOLO, VINNIE	
STREET ADDRESS	120 N.E. 56TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Pres. Marion M. Bonavalant</i>
1.3 STREET ADDRESS	<i>3500 Galt Ocean Dr</i>
1.4 CITY-ST-ZIP	<i>FT Land Fl 33308</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Martha Pres - V. Pres.</i>
2.3 STREET ADDRESS	<i>5110 NE 29th</i>
2.4 CITY-ST-ZIP	<i>Loggans Pt. Fl. 33084</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Barbara Curry</i>
3.3 STREET ADDRESS	<i>1332 Baywood Dr apt 304</i>
3.4 CITY-ST-ZIP	<i>FT Land Fl 33308</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>ELIZABETH O'LEARY</i>
4.3 STREET ADDRESS	<i>5555 NO. OCEAN BLVD. # 12</i>
4.4 CITY-ST-ZIP	<i>PT. LAUDERDALE, FL 33308</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Anne-Marie Lingle</i>
5.3 STREET ADDRESS	<i>1431 MIDDLE RIVER DRIVE</i>
5.4 CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33304</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: 8/18/99 SIGNATURE REQUIRED Marion Messina Bonavalant 954-564-6936  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)

Marion M. Bonaventura Pres. 761631  
3500 Salt Ocean Dr. P.D. 609341-90004-13  
FT Land fl. 33308

Martha Price V.D.  
5116 N.E. 27 Ave V.Pres.  
Lighthouse Pt. Fl. 33064

Barker Coury V.S.D.  
1332 Bayview Dr. Apt. 304 Secretary  
FT Land fl. 33308

Elizabeth O'Leary S.D.  
5855 N. Ocean Blvd #72 S.D.  
FT Land fl. 33308

Anna Marie Lenzale T.D.  
1431 Middle River Dr. Treasurer  
FT Land fl. 33304