Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N43016

Principal Place of Business

GOLD COAST ALL BIRD CLUB, INC.

7081 TAFT STREET BOX 153 HOLLYWOOD FL 33024-1092 US		7081 TAFT STREET BOX 153 HOLLYWOOD FL 33024-1092 US						
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 04/17/1991				
21		Suite, Apt. #, etc.		4. FEI Number				
22		27		65-0257338	No	t Applicable		
City & State	8	City & State		The state of the s	\$8.75	Additional		
23		28		5. Certifcate of Status Desired	Fee Re	quired		
Zip	Country	Zip Country			6. Election Campaign Financing	\$5.00	May Be	
24	25	25 29 30			Trust Fund Contribution	Added t	o Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
-			81	Name				
NOFIL, ANGELA 7330 N.W. 38TH STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)			
	,	83						
APT. #1						- I1 /		
HULLYWU	OD FL 33024		84	City	F	L 85 Zip (Jode	
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 register 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 pection 617.0503, Florida Statutes. SIGNATURE Signature, typed ordinated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS								
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	PD	C DETELE	1.1 TITLE					
NAME	NOFIL, ANGELA	-	1.2 NAME					
STREET ADDRESS	7330 N.W. 38TH STREET	'		TADDRESS			1	
CITY-ST-ZIP	HOLLYWOOD FL 33024	□ DELETE	1.4 CITY+S 2.1 TITLE	1-219		[] Change	☐ Addition	
TITLE	VPD		2.2 NAME				_	
NAME	anta 31001 Etilloon			T ADDRESS				
STREET ADDRESS	5025 SW 64TH AVE			ST-ZIP				
CITY-ST-ZIP	DAVIE FL 33314	DELETE 3.1TI		1-21	Rochalle Sahwal B	Change	Addition	
TITLE	DS STOOPELMOOR, GREG	3.2 N		į	Road Mamble			
NAME CTREET ADDRESS	OTOOT ELMOOTI, GITEG		1	T ADDRESS	Rochelle SchWALB Board Member the Court 7300 S.N. 9th Court			
STREET ADDRESS	DAVIE FL 33314		3.4. CITY-S		PLANTATION, FL. 33317			
CITY-ST-ZIP	T	□ DELETE 4.1T		,, _,		Change	☐ Addition	
NAME	Presti, donna	<i>*</i>	4. 2 NAME				'	
STREET ADDRESS	500 S. CRESENT DRIVE #101		4.3 STREE	TADDRESS			Ī	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE	S	DELETE 5.1 TI				☐ Change	Addition	
NAME	JOANN FERNANDEZ		5.2 NAME					
STREET ADDRESS	380 S OCEAN DR #2H		5.3 STREE	TADDRESS			}	
CITY-ST-ZIP	HOLLYWOOD FL 33019		5.4 CITY-S	T- ZIP				
TITLE	S DELETE 6.1 TI		6.1 TITLE			Change	☐ Addition	
NAME	AMIE KITCH		6.2 NAME					
STREET ADDRESS	6072 NW 24TH CT	_	6.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MARGATE FL 33063

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.

FILED
May 10, 1999 8:00 am §
Secretary of State

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