FILE NOW: FILING FEE IS $61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90009 009 ****61.25

0040838

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N97000000167

1. Corporation Name

THE SWISS AMERICAN SOCIETY OF THE GOLD COAST, INC.

Principal Place of Business	Mailing Address
17650 OAKWOOD AVE BOCA RATON FL 33487 US	17650 OAKWOOD AVE BOCA RATON FL 33487 US

2. Principal Place of Business 21 17650 OAKWOOD AVE. Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip / Country 24 33487 25	2a. Mailing Address 26 17650 OAKWOOD AVE. Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip / Country 29 33487 30	3. Date Incorporated or Qualified 01/13/1997 4. FEI Number 65-0710502 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTI, ROLF 17650 OAKWOOD AVENUE BOCA RATON FL 33487	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTI, ROLF 17650 OAKWOOD AVE BOCA RATON FL 33487	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD HARRIS ROSEMARY 1975 NE 6TH ST DEERFIELD BEACH, FL. 33441	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOENCH, HANS 10325 NE 63RD DR PARKLAND FL 33076	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, ROSEMARY 1975 NE 6TH ST DEERFIELD BEACH FL 33441	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEIER, CHRISTIAN 4799 NW 96TH DR CORAL SPRINGS FL 33076	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAAD HOLCHREUTENER, ROMY 4393 HUNTING TRAIL LAKE WORTH FL 33467	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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 REQUIRED 4/24/99 954-776-1606 X119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #