FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

GOLD COAST CHAPTER OF ASSOCIATED BUILDERS AND CO NTRACTORS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4700 NW 2ND AVE

4700 NW 2ND AVE

FILED May 09 1997 8:00am Secretary of State



BOCA RATON FL 33431		BOCA RATON FL 33431-4878							
						3. Date Incorporated or Qualified 09/04/1970			ast Report /1996
_ ``	ace of Business	2a. Mailing Address				4. FEI Number		L	Applied For
21	***	26]				59-1216595			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×	, -	75 Additional ee Required
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		• •	.00 May Be ded to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for i	ntanoible		
24	25	29	30				Yes [,
	9. Name and Address of Current	t Registered Agent		,		10. Name and Address of New Re	gistered A	Agent	
I			16	3 1 N	Vame				
SHAW, [DANNY J		ē	32 S	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
4700 NV	V 2ND AVE.						,		
#203			6	33					
BOCA R	ATON FL 33431		Ē	34 (City		FL	85	Zip Code
SIGNATURE						ration submits this statement for the p in's board of directors. I hereby accep		olntmer	ing its registered
12.	Signature, typed or printed name of registered agor OFFICERS AND			Agent s	ignature required	when reinstating)	DATE	, DIDEC	27.000 (1) 40
TITLE	EVP OFFICERS AND	DELETE	18. 1.1 TUTU		57	ADDITIONS/CHANGES TO OFFICE	ERS ANL	☐ Cha	
NAME	SHAW, DANNY J.	otteric	1.2 NAM		10	PES, RAY		L VIII	inige 🔼 Muultion
STREET ADDRESS	4700 NW 2ND AVENUE		1.3 STR		00100	91 RODMAN ST.			
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY		un Hail		023		
TITLE	DV	DELETE	2.1 1111					Cha	inge X Addition
NAME	TOWNE, GREG		2.2 NAM		Rot	BERTS, BRUCE			ange PS viscous
STREET ADDRESS	5365 STIRLING RD.		2.3 STRE		nress 1.3	BERTS, BRUCE OO NW 5th Way LAUDERDALE, FL 83304			
CITY-ST-ZIP	DAVIE FL		2.4 CIT		7ID FT.	LAUDERDALE, FL 33304			
TITLE	OV	DELETE	3.1 TITL					Cha	nne Addition
NAME	SOKOLOW, ELLIOT		3.2 NAM	4E					•
STREET ADDRESS	1700 BANKS RD.		3.3 STR	EET ADI	DRESS				
CITY-ST-ZIP	MARGATE FL		3.4. CIT						
TITLE	DP	☐ DELETE	4.1 TITL		P			X Cha	inge Addition
NAME	BRADFORD, MIKE		4. 2 NAM	ΜE	-				
STREET ADDRESS	3452 W. BOYNTON BEACH B	LVD.	4.3 STRE	EET ADO	DRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY	/-S1-2	nP				
TITLE	D	▼ DELETE	5.1 TITL	E				Cha	inge Addition
NAME	PHILLIPS, JIM		5.2 NAM	4E					
STREET ADDRESS	5582 NW 79TH AVE.		5.3 STR	EET ADO	DRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY	/- \$1-Z	nP				
TITLE	D	☐ DEL€TE	6.1 TITL		2	Tark		Cha	inge Addition
NAME	ZUCKERMAN , JAY		6.2 NAM	ME	20	CKERMAN, JAY 18 PROSPECT AVE., VIERA BEACH, FL	44,		
STREET ADDRESS	600 SANDTREE DR., #208		6.3 STR	EET ADI	DRESS 38	18 PROSPECT AVE.,	# #L/		
CITY-ST-ZIP	PALM BEACH GARDENS FL		64 011 9	/-SI-7	$_{\scriptscriptstyle \mathrm{IP}}$ \mid \mathcal{R}_{ℓ}	VIERA BEACH, FL 3	340	4	

I do hereby certify that the information information indicated on this annual replam an officer or director of the corpora appears in Block 12 or Block 13 if chan applied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the bij or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name left or on an all accuracy filth an address.