

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 720111 ✓

1. Corporation Name

FLORIDA GOLDCOAST CHAPTER OF THE 99'S, INC.

Principal Place of Business

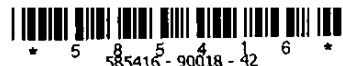
100 SE 2ND ST  
17TH FLOOR INTERNATIONAL PLACE  
MIAMI FL 33131-1101  
US

Mailing Address

100 SE 2ND ST  
17TH FLOOR INTERNATIONAL PLACE  
MIAMI FL 33131-1101  
US

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90018 042 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1971	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-6496180	
2 City & State		27 City & State		Applied For Not Applicable	
3 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4 25 29 30		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KELSO, JOHN 100 SE 2ND ST., 17TH FLOOR INTERNATIONAL PLACE MIAMI FL FL 33131				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <del>XXDELETE</del>	1.1 TITLE	VPD <del>Change</del> <input checked="" type="checkbox"/> Addition
NAME	SHEFFMAN, TAMRA	1.2 NAME	LADRIE, HOUSEHOLDER
STREET ADDRESS	4600 ROYAL PALM WAY	1.3 STREET ADDRESS	20430 MARLIN ROAD
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami, FL 33189
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	TD <del>Change</del> <input type="checkbox"/> Addition
NAME	PORTNOY, JUDITH	2.2 NAME	
STREET ADDRESS	10179 SW 127TH ST	2.3 STREET ADDRESS	33176
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD <del>XXDELETE</del>	3.1 TITLE	SD <del>Change</del> <input type="checkbox"/> Addition
NAME	WILTSIE, VICTORIA	3.2 NAME	
STREET ADDRESS	12605 SW 71 AVE	3.3 STREET ADDRESS	33156
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <del>Change</del> <input type="checkbox"/> Addition
NAME	LICHTIGER, BARBARA	4.2 NAME	
STREET ADDRESS	3475 S MOORINGS WAY	4.3 STREET ADDRESS	33133
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

JUDITH PORTNOY, JUNE 30, 1999, (305) 251-4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)