


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744273 (4) 1. Corporation Name GOLD COAST SOCCER LEAGUE, INC.					
Principal Place of Business C/O PATRICIA BORRELLO. TREAS. 5200 S.W. 9 STREET PLANTATION FL 33317			Mailing Address C/O PATRICIA BORRELLO. TREAS. 5200 S.W. 9 STREET PLANTATION FL 33317		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/14/1978 4. FEI Number 59-1900310 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent BORRELLO, ROGER F. ESQ. 300 N W 70 AVE SUITE 301 PLANTATION FL 33317			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 617.0903, Florida Statutes. SIGNATURE: <i>[Signature]</i> 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 checked="" type="checkbox"/> DELETE NAME PEREYRA, JUAN STREET ADDRESS 7152 PEMBROKE ROAD CITY-ST-ZIP MIAMI FL TITLE CD <input type="checkbox"/> DELETE NAME LEWIS, RUDY STREET ADDRESS 1000 PARKVIEW DR. #316 CITY-ST-ZIP HALLANDALE FL TITLE SD <input type="checkbox"/> DELETE NAME MEEROFF, SUSAN STREET ADDRESS 10788 NW 19 DRIVE CITY-ST-ZIP CORAL SPRINGS FL TITLE TD <input type="checkbox"/> DELETE NAME BORRELLO, PATRICIA STREET ADDRESS 5200 SW 9 ST. CITY-ST-ZIP PLANTATION FL TITLE VD <input type="checkbox"/> DELETE NAME CARUSI, DANIEL STREET ADDRESS 517 SW 1ST AVE 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 PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME KRUNO KRSLOVIC 1.3 STREET ADDRESS 5900 NW 60 ST. 1.4 CITY-ST-ZIP PARKLAND, FL 33067 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ZIP 33009 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 6041 NW 68 ST. 3.4 CITY-ST-ZIP PARKLAND, FL 33067 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ZIP 33317 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ZIP 33301 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.

SIGNATURE:

[Signature]

1-14-98

954-584-6370

CR2E037 (10/97)