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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 754698

1. Corporation Name

FLORIDA GOLD COAST SWIMMING, INC.

147295-90112-33 5 *

Principal Place of Business
 2627 ALAMANDA CT
 FT.LAUDERDALE FL 33301

Mailing Address
 2627 ALAMANDA CT
 FT.LAUDERDALE FL 33301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/17/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				31-1012803	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
24. Country		29. Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANDREWS, JOHN S ESQ ANDREWS PHILLIPS & GALATIS 1501 NE 4 AVE FT.LAUDERDALE FL 33304				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 1/18/99
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, JACK			1.2 NAME			
STREET ADDRESS	503 SEABREEZE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33316			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARMENTOR, JIMMY			2.2 NAME			
STREET ADDRESS	2205 NE 6 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS FL 33305			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVANAH, DICK			3.2 NAME			
STREET ADDRESS	951 US HIGHWAY #1			3.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH FL 33408			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	chairman	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GORDON, IRENE			4.2 NAME	Charles Mallery		
STREET ADDRESS	1057 NW 88 DR			4.3 STREET ADDRESS	PO Box 248004 Ashe Bldg. 205		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			4.4 CITY-ST-ZIP	Coral Gables, FL 33124-4621		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEMPTHORNE, ALICE			5.2 NAME			
STREET ADDRESS	2627 ALAMANDA CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT.LAUDERDALE FL 33301			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: [Signature] DATE: 1/10/99 (854) 524-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)