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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761631 (1)

1. Corporation Name

GOLD COAST AUXILIARY FOR ANN STORCK CENTER, INC.

Principal Place of Business

Mailing Address

C/O MARION BONAVALANT  
3500 GALT OCEAN DR., APT. 103  
FT. LAUDERDALE FL 33308C/O MARION BONAVALANT  
3500 GALT OCEAN DR., APT. 103  
FT. LAUDERDALE FL 33308-88143. Date Incorporated or Qualified  
01/07/19823a. Date of Last Report  
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City &amp; State

27 City &amp; State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2152117

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONAVALANT, MARION MESSINA  
3500 GALT OCEAN DR., APT. 103  
FORT LAUDERDALE FL 33308

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 PD  
NAME BONAVALANT, MARION M.  
STREET ADDRESS 3500 GALT OCEAN DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD  
NAME CASORIA, MARY ALICE  
STREET ADDRESS 2750 N.E. 29TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VSD  
NAME CASORIA, KAY  
STREET ADDRESS 4020 GALT OCEAN DR  
CITY-ST-ZIP FT. LAUDERDALE FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE SD  
NAME HIRSCH, FLORENE  
STREET ADDRESS 3500 GALT OCEAN DR  
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD  
NAME ROTOLO, VINNIE  
STREET ADDRESS 120 N.E. 56TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034424

CR2E037 (9/96)