**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Jun 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H24167 -Amended

1. Corporation Name

EXECUTIVE INSURANCE AGENCY _GOLD COAST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1500 Corp. Center Way.<br>Suite 203<br>Wellington, FL 33414 | 1500 Corporate Center Way<br>Suite 203<br>Wellington, FL 33414 |

3. Date Incorporated or Qualified: 10/05/1984
3a. Date of Last Report: 02/27/1997

2. Principal Place of Business
21 Same as Above
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25 USA

2a. Mailing Address
26 Same as Above
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30 USA

4. FEI Number: 31-1110544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Steven W. McDougald
1500 Corporate Center Way
Suite 203
Wellington, FL 33414

10. Name and Address of New Registered Agent

81 Name: Meyer, Melinda
82 Street Address (P.O. Box Number is Not Acceptable)
83 1500 Corporate Center Way
Suite 203
84 City: Wellington FL 85 Zip Code: 33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Melinda Meyer DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>Rybka, Lawrence S.<br>1500 Corp. Center Way #203<br>Wellington, FL 33414 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Seifert, Cheryl A.<br>1500 Corporate Center Way<br>Wellington, FL 33414 ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | V<br>Rybka, Cheryl A.<br>1500 Corporate Center Way, #203<br>Wellington, FL 33414 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>McDougald, Steve<br>1664 Chapparel Way<br>West Palm Beach, FL ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | V<br>McDougald, Steve<br>1500 Corporate Center Way, #203<br>Wellington, FL 33414 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | PTSD<br>Meyer, Melinda<br>1500 Corporate Center Way #203<br>Wellington, FL 33414 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | 600002222186<br>-06/25/97--01004--029<br>***61.25 ☐ Change ☐ Addition |

6/6/97

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 6/6/97 Daytime Phone #: 561-793-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR