

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H24167 (9)**
1. Corporation Name
EXECUTIVE INSURANCE AGENCY-GOLD COAST, INC.



Principal Place of Business 1500 CORPORATE CENTER WAY SUITE 203 WELLINGTON FL 33414 US	Mailing Address 1500 CORPORATE CENTER WAY SUITE 203 WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1984	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 31-1110544		Applied For <input type="checkbox"/> Not Applicable	
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 Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	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 MEYER, MELINDA - 1500 CORPORATE CENTER WAY SUITE 203 WELLINGTON FL 33414				10. Name and Address of New Registered Agent	
				81. Name Robert L. Bloomfield, CPA	
				82. Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Road	
				83. Suite Suite 243	
				84. City Cooper City	85. Zip Code FL 33024

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  , CPA DATE **1/11/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYBKA, LAWRENCE S.			1.2 NAME			
STREET ADDRESS	1500 CORPORATE CENTER WAY 203			1.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYBKA, CHERYL A			2.2 NAME			
STREET ADDRESS	1500 CORPORATE CENTER WAY #203			2.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDUGALD, STEVE			3.2 NAME			
STREET ADDRESS	1664 CHAPPAREL WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	PTSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYER, MELINDA			4.2 NAME			
STREET ADDRESS	1500 CORPORATE CENTER WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Rybka, Lawrence J.		
STREET ADDRESS				5.3 STREET ADDRESS	3690 Orange Place, Suite 300		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Beachwood, OH 44122		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE  **LAWRENCE S RYBKA** **561 7934444**

CR2E034 (10/97)