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

Mailing Address

WELLINGTON FL 33414

SUITE 203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1500 CORPORATE CENTER WAY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H24167

1. Corporation Name

Principal Place of Business

WELLINGTON FL 33414

SIGNATURE

SUITE 203

1500 CORPORATE CENTER WAY

EXECUTIVE INSURANCE AGENCY-GOLD COAST, INC.

2. Principal Pia	ace of Business	2a. Mailing Address					4. FEI Number	1 1	Applied For	
14		26					31-1110544		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State				-	6. Election Campaign Financing	\$5.0	00 May Be /	
23		28				- }	Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cou	ntry		一	8. This corporation owes the current year Intar	gible		
4	25	29	30				Personal Property Tax.	X Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					Name					
BLOOMFIELD, CPA R				82	Street Address (P.O. Box Number is Not Acceptable)					
9 900 STIRLING RD				32	1601 No. Palm Avenue					
SUITE 243				83	1 - 1 - 1 - 1 - 1					
GOOPER CITY FL 33624				_	Suite 203 City 85 Zip Code					
				84	City Pembroke Pines FL 33026					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					named co	roor	ration submits this statement for the purpose of cl	nanging	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.										
agent. i ar	m familiar with, and accept the obligation	ins of, Section 607.0505, Fit	Jilua Statt	nes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
TITLE	C	☐ DELETE	1.1 10	ΠĒ				Chan	ge	
NAME	RYBKA, LAWRENCE S.		1.2 NA	ME						
STREET ADDRESS	ATTO COOPERATE OFFITED WAY 600			REET.	ADDRESS					
CITY-ST-ZIP				1,4 CITY-ST-ZIP						
TITLE	V	DELETE 2.1 TI				PS		Chan	ge Addition	
NAME			2.2 NA	-			bka-Kniskern, Cheryl	Α.		
STREET ADDRESS	1500 CORPORATE CENTER WA	Y #203	2.3 \$1	REET.	ADDRESS	`,	ond midnesh, onders			
CITY-ST-ZIP	WELLINGTON FL			ITY- \$1	1					
TITLE	V	X DELETE	3.1 Tf					Chan	ge Addition	
NAME	MCDOUGALD, STEVE		32 NA	ME					-	
STREET ADDRESS	1664 CHAPPAREL WAY		3.3 ST	REET	ADDRESS				1	
CITY-ST-ZIP			TY-ST							
TITLE	PTSD	X DELETE	4.1 717					☐ Chan	ge Addition	
NAME	MEYER, MELINDA		4. 2 N	AME						
STREET ADDRESS	1500 CORPORATE CENTER WA	Υ	4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414		4 4 CT	TY-ST	-ZIP					
TITLE	V	☐ DELETE	5.1 TIT	ΠE	1	VТ		Chan	ge 🔲 Addition	
NAME	RYBKA, LAWRENCE J 52N		ME							
STREET ADDRESS	3690 ORANGE PLACE, SUITE 36	00	5.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BEACHWOOD OH 44122 5.4 CT		TY-ST	-ST-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE				Char	ge Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP				TY-ST						
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	or the exe	mptic	on stated in	Se	ction 119.07(3)(i), Florida Statutes. I further certif	y that t	he information	
indicated officer or o	on this annual report or supplemental a director of the corporation or the receive	er or trustee empowered to	urate and execute th	ınat nis re	port as req	uire quire	shall have the same legal effect as if made under ed by Chapter 607, Florida Statutes; and that my	name a	ppears in	

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90216 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/05/1984