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FILED

Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N04623 (7)

1. Corporation Name

GOLD COAST TRAVEL INDUSTRY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

P O BOX 1062
BOCA RATON FL 33429

P O BOX 1062
BOCA RATON FL 33429-1062

2. Principal Place of Business

21 P.O. Box 7892

Suite, Apt. #, etc.

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City & State

23 Delray Beach, Florida

24 Zip

33482

Country

2a. Mailing Address

26 P.O. Box 7892

Suite, Apt. #, etc.

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City & State

28 Delray Beach, Florida

29 Zip

33482

Country

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3. Date Incorporated or Qualified

08/09/1984

3a. Date of Last Report

05/20/1996

4. FEI Number

59-2510469

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

10. Name and Address of New Registered Agent

CRYSTAL GREEN
C/O ATRIUM TRAVEL
301 YAMATO RD., SUITE 1150
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 Zip Code

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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

Margaret Haskins

Signature, typed or printed, of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TODD, NEUMAN
STREET ADDRESS 1505 PINE ISLAND RD #130
CITY-ST-ZIP PLANTATION FL

TITLE VT ☐ DELETE

NAME GREEN, CRYSTAL M.
STREET ADDRESS 301 YAMATO RD., #1150
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME MCCLARY, ANNE
STREET ADDRESS 816 SW 16TH CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE S ☐ DELETE

NAME HODGES-HATLEY, HELLEN
STREET ADDRESS 1425C SE 17TH ST
CITY-ST-ZIP FL LAUDERDALE FL

TITLE D ☐ DELETE

NAME SIEGEL, DORIS
STREET ADDRESS 170 W SPANISH RIVER BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME HASKINS, MARGARET
STREET ADDRESS 1040 HOMEWOOD BLVD
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E037 (9/96)