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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04623** (7)
1. Corporation Name
GOLD COAST TRAVEL INDUSTRY ASSOCIATES, INC.



Principal Place of Business P.O. BOX 7892 DELRAY BEACH FL 33482 US	Mailing Address P.O. BOX 7892 DELRAY BEACH FL 33482 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date incorporated or Qualified 08/09/1984	
4. FEI Number 59-2510469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 HASKIN, MARGARET 1040 HOMEWOOD BLVD. L204 DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent 81 Name HASKINS 82 Street Address (P.O. Box Number is Not Acceptable) 302 Live Oak Lane 83 84 City Boynton Beach FL 85 Zip Code 33436

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 Haskin* 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	TODD, NEUMAN
STREET ADDRESS	1505 PINE ISLAND RD #130
CITY-ST-ZIP	PLANTATION FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	GREEN, CRYSTAL M.
STREET ADDRESS	301 YAMATO RD., #1150
CITY-ST-ZIP	BOCA RATON FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MCCLARY, ANNE
STREET ADDRESS	816 SW 18TH CT
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HODGES-HATLEY, HELLEN
STREET ADDRESS	1425C SE 17TH ST
CITY-ST-ZIP	FL LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, DORIS
STREET ADDRESS	170 W SPANISH RIVER BLVD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HASKINS, MARGARET
STREET ADDRESS	1040 HOMEWOOD BLVD
CITY-ST-ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Freeman, Dennis
1.3 STREET ADDRESS	14590 S. Military Trail
1.4 CITY-ST-ZIP	Delray Beach, Fl. 33484
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUE MARTIN
3.3 STREET ADDRESS	14590 S. Military Trail
3.4 CITY-ST-ZIP	Delray Beach, Fl. 33484
4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHIRLEY LIND
4.3 STREET ADDRESS	3 RICHMOND B
4.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33442
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dale Flewellyn
5.3 STREET ADDRESS	8408 Elaine Drive
5.4 CITY-ST-ZIP	Boynton Beach, Fla. 33437
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Haskin* Treasurer 4/27/98

CR2E037 (10/97)