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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04623

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/09/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2510469	
24 Country		29 Country		30	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HASKIN, MARGARET
202 LIVE OAK LANE
L-204
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name **BARBARA MANUS**
82 Street Address (P.O. Box Number is Not Acceptable) **4498 N.W. 26th Avenue**
83
84 City **Boca Raton** **FL** 85 Zip Code **33434**

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

Barbara Manus
Signature, typed or printed name of registered agent and 80a if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FREEMENA, DENNIS	1.2 NAME	P/D GREEN, CRYSTAL M.
STREET ADDRESS	14590 S MILITARY TRAIL	1.3 STREET ADDRESS	301 YAMATO RD. #1150
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VT ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GREEN, CRYSTAL M.	2.2 NAME	FLEWELLYN, DALE
STREET ADDRESS	301 YAMATO RD., #1150	2.3 STREET ADDRESS	8408 ELAINE DR.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	V ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, SUE	3.2 NAME	MARTIN, SUE
STREET ADDRESS	14590 S MILITARY TRAIL	3.3 STREET ADDRESS	14590 So. military Trail
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	Delray Beach FL 33486
TITLE	S ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	LIND, SHIRLEY	4.2 NAME	MANUS, BARBARA
STREET ADDRESS	3 RICHMOND B	4.3 STREET ADDRESS	4498 N.W. 26th AVE.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	D ☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FLEWELLYN	5.2 NAME	KAPIT, JODY
STREET ADDRESS	8408 ELAINE DRIVE	5.3 STREET ADDRESS	3101 Port Royale Blvd. #831
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	Ar. Lauderdale, FL 33308
TITLE	D ☒ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	HASKINS, MARGARET	6.2 NAME	Andrechuk, Lynn
STREET ADDRESS	1040 HOMEWOOD BLVD	6.3 STREET ADDRESS	1428 S.E. 4th Ave. #119C
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	DEERFIELD Beach, FL 33441

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, with all other like empowered.

SIGNATURE:

Barbara Manus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/99

Daytime Phone #

761.997.4073

CR2E037 (1/98)