

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N07716 (6)**

1. Corporation Name

**GOLD COAST VENTURE CAPITAL CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O JONATHAN E. COLE  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480

C/O JONATHAN E. COLE  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480

3. Date Incorporated or Qualified

02/19/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2506073

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

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

COLE, JONATHAN E.  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **DONNELLY, MIKE**  
STREET ADDRESS **1000 MCNAB ROAD**  
CITY-ST-ZIP **POMPANO BCH. FL**

11 TITLE **P**  Addition  
12 NAME **WHALEN, DONALD R.**  
13 STREET ADDRESS **4255 NW 26th Court**  
14 CITY-ST-ZIP **Boca Raton FL 33434**

TITLE **VD**  
NAME **COSTELLO, KEITH P---**  
STREET ADDRESS **ONE FINANCIAL PLAZA, 6TH FLOOR---**  
CITY-ST-ZIP **FT. LAUDERDALE FL---**

21 TITLE **V**  Change  Addition  
22 NAME **Bates, David**  
23 STREET ADDRESS **777 S. Flagler Dr., #500E**  
24 CITY-ST-ZIP **West Palm Beach FL 33401-6195**

TITLE **DPX**  
NAME **IGOE, JOHN G.**  
STREET ADDRESS **250 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BEACH FL**

31 TITLE **D**  Change  Addition  
32 NAME **IGOE, JOHN G.**  
33 STREET ADDRESS **250 ROYAL PALM WAY, #300**  
34 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DPX**  
NAME **SHAPIRO, BARRY**  
STREET ADDRESS **6300 NW 5th WAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

41 TITLE **T**  Change  Addition  
42 NAME **SHAPIRO, BARRY**  
43 STREET ADDRESS **6300 NW 5th WAY**  
44 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **XB**  
NAME **KLATT, LAWRENCE**  
STREET ADDRESS **500 NW 20th ST. RM 157**  
CITY-ST-ZIP **BOCA RATON FL**

51 TITLE **VP**  Change  Addition  
52 NAME **KLATT, LAWRENCE**  
53 STREET ADDRESS **500 NW 20th ST, RM 157**  
54 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD**  
NAME **DELABRAY, COLLETTE**  
STREET ADDRESS **250 ROYAL PALM WAY**  
CITY-ST-ZIP **PALM BCH. FL**

61 TITLE **V**  Change  Addition  
62 NAME **DELABRY, COLETTE**  
63 STREET ADDRESS **250 ROYAL PALM WAY, #300**  
64 CITY-ST-ZIP **PALM BEACH FL 33480**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**\*ADDITIONAL OFFICERS ATTACHED.**  
4/26/95 (407)488-4505

SIGNATURE:

*Donald R. Whalen*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOHING OFFICER OR DIRECTOR  
**Donald R. Whalen, President**

(Date) (Telephone Number)

