

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07716 (6)**
1. Corporation Name
GOLD COAST VENTURE CAPITAL CLUB, INC.



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 **05/01/1995**
4. FEI Number **59-2506073** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**COLE, JONATHAN E.
250 ROYAL PALM WAY
SUITE 300,
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, MIKE	1.2 NAME	SECRETARY MIKE
STREET ADDRESS	1000 MCNAB ROAD	1.3 STREET ADDRESS	2600 N. MILITARY TRAIL # 270
CITY-ST-ZIP	POMPAHO BCH. FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, DAVID	2.2 NAME	DONALD WHALEN
STREET ADDRESS	777 S. FLAGLER DR. #500E	2.3 STREET ADDRESS	4255 NW 26th COURT
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGOE, JOHN G.	3.2 NAME	ADAM WASSERMAN
STREET ADDRESS	250 ROYAL PALM WAY	3.3 STREET ADDRESS	2745 W. CYPRESS CREEK Rd.
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	BOCA RATON FT LAUDERDALE, FL 33304
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SHAPIRO, BARRY	4.2 NAME	
STREET ADDRESS	6300 NW 5TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	500001804265
NAME	KLATT, LAWRENCE	5.2 NAME	-05/02/96 -01013--0000
STREET ADDRESS	500 NW 20TH ST. RM 157	5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	5-1-96
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	DELABRAY, COLLETTE	6.2 NAME	
STREET ADDRESS	250 ROYAL PALM WAY, #300	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Kelen Secretary / Director 4/24/96 407-997-4150
DATE: _____ DAY/TIME PHONE # _____

CR2E037 (12/95)