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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07716 (6)
 1. Corporation Name
GOLD COAST VENTURE CAPITAL CLUB, INC.



Principal Place of Business C/O JONATHAN E. COLE 250 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480	Mailing Address C/O JONATHAN E. COLE 250 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480-4317
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3. Date Incorporated or Qualified 02/19/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2506073	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

TITLE	D <input type="checkbox"/> DELETE
NAME	DONNELLY, MIKE
STREET ADDRESS	1000 MCNAB ROAD
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	V- <input type="checkbox"/> DELETE
NAME	BATES, DAVID
STREET ADDRESS	777 S. FLAGLER DR. #500E
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	IGOE, JOHN G.
STREET ADDRESS	250 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, BARRY
STREET ADDRESS	6300 NW 5TH WAY
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	KLATT, LAWRENCE
STREET ADDRESS	500 NW 20TH ST. RM 157
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KLEIN, JEFFREY
STREET ADDRESS	3800 N MILITARY TR. #220
CITY-ST-ZIP	BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Young, Gregory E.
1.3 STREET ADDRESS	Edwards & Angell
1.4 CITY-ST-ZIP	250 Royal Palm Way, Palm Beach FL 33480
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Whalen, Donald R.
3.3 STREET ADDRESS	Donald R. Whalen & Associates, Inc.
3.4 CITY-ST-ZIP	4255 N.W. 26th Court, Boca Raton FL 33434
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shapiro, John
4.3 STREET ADDRESS	Falcon Marketing, One Park Place
4.4 CITY-ST-ZIP	621 NW 53rd Street, Boca Raton FL 33487
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Azen, Elaine
5.3 STREET ADDRESS	Azen & Assoc., 21218 St. Andrews Blvd.
5.4 CITY-ST-ZIP	Boca Raton FL 33433
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wasserman, Adam
6.3 STREET ADDRESS	Millward & Co., 2745 W. Cypress Creek Rd.
6.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309-1757

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 _____ DATE _____

CR2E037 (9/96)

**GOLD COAST VENTURE CAPITAL CLUB, INC.
DOCUMENT #N07716**

Additional Officers and Directors

D
SHWARTZ, ALVIN
SIGMA CAPITAL CORPORATION
40 S.E. 5TH STREET, SUITE 500
BOCA RATON FL 33432

D
McGUIRE, JEANIE
ENTERPRISE DEVELOPMENT CORPORATION
3950 RCA BLVD., STE. 5003
PALM BEACH GARDENS, FL 33410