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 # N09544 (0)

1. Corporation Name
GOLD COAST POOL LEAGUE, INC.

Principal Place of Business	Mailing Address
C/O HOWITT, STUART 7310 W. MCNALO ROAD. SUITE 207 TAMARAC FL 33321 US	C/O HOWITT, STUART 7310 W. MCNALO ROAD. SUITE 207 TAMARAC FL 33321 US

3. Date Incorporated or Qualified: 05/31/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o ELIZABETH BECKER	26 c/o ELIZABETH BECKER
Suite, Apt. #, etc. 22 4350 W. SUNRISE BLVD STE 122	Suite, Apt. #, etc. 27 4350 W. SUNRISE BLVD STE 122
City & State 23 PLANTATION, FL.	City & State 28 PLANTATION, FL.
Zip / Country 24 33313 / 25 BROWARD	Zip / Country 29 33313 / 30 BROWARD

4. FEI Number: 59-2623573 ☐ 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

9. Name and Address of Current Registered Agent

HOWITT, STUART
7310 W MCNAB RD STE 207
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: ELIZABETH BECKER
82 Street Address (P.O. Box Number is Not Acceptable): 4350 W. SUNRISE BLVD SUITE 122
83 PLANTATION
84 City: FL 85 Zip Code: 33313

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: Elizabeth Becker — Elizabeth Becker — 5-9-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULNER, PATRICIA 3670 N STATE RD 7 LAUDERDALE LAKES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR ELIZABETH BECKER 4350 W. SUNRISE BLVD STE 122 PLANTATION, FL 33313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLWILL, TEBEN 3670 N STATE RD 7 LAUDERDALE LAKES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP (2)	TREASURER CAROL A. BURBANK 100 SW 6TH ST. FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (1)	D DAWSON, NEDRA 1609 S.W. 13 CT. FT. LAUDERDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001877497 -06/27/96--01018--017 ***61.25	☐ Change ☐ Addition

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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: Elizabeth Becker — Elizabeth Becker — 5-9-96 — 954-316-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/06/96