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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 BECKER. ELIZABETH 4350 N. SUNRISE BLVD STE 122 PLANTATION FL 33313	C/O BECKER. ELIZABETH 4350 N. SUNRISE BLVD STE 122 PLANTATION FL 33313-6771

3. Date Incorporated or Qualified: 05/31/1985
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business	2a. Mailing Address
21 10825 NW 29 MANOR	26 10825NW 29 MANOR
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27 #7
City & State 23 SUNRISE, FL	City & State 28 SUNRISE, FL
Zip 24 33322 Country 25 BROWARD	Zip 29 33322 Country 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	10. Name and Address of New Registered Agent
BECKER, ELIZABETH 4350 N. SUNRISE BLVD STE 122 PLANTATION FL 33313	81 Name: BURBANK, CAROL 82 Street Address (P.O. Box Number is Not Acceptable): 10825 NW 29 MANOR #7 83 84 City: SUNRISE FL 85 Zip Code: 33322

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: Carol A Burbank — 6/10/97
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	PD BECKER, ELIZABETH 4350 W. SUNRISE BLVD SUITE 122 PLANTATION FL 33313	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D DARLENE KISTLER 5109 NE 5TH AVE FORT LAUDERDALE, FL. 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURBANK, CAROL A 100 SW 6TH ST FORT LAUDERDALE FL 33301	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	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	PD	☒ 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		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Carol A Burbank CAROL A. BURBANK 6-6-97 954-463-7733