

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
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DOCUMENT # N17096 (1)
 1. Corporation Name
GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC



Principal Place of Business
4055 N.W. 97TH AVENUE MIAMI FL 33178

Mailing Address
269 SE 5TH AVENUE DELRAY BEACH FL 33348 US

3. Date Incorporated or Qualified
10/02/1986

3a. Date of Last Report
02/22/1995

2. Principal Place of Business	2a. Mailing Address
21 4839 SW 148th Ave	26 4839 SW 148th Ave
22 Suite, Apt. #, etc. 315	27 Suite, Apt. #, etc. 315
23 City & State Ft Lauderdale	28 City & State Ft Lauderdale
24 Zip 33330	29 Zip 33330
25 Country USA	30 Country WA

4. FEI Number
59-2737710

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
**NEWMAN, BURTON E.
 222 U.S. HWY. ONE, SUITE 209
 TEQUESTA FL 33487**

10. Name and Address of New Registered Agent

81 Name	Gold Coast Promotional Product Assoc
82 Street Address (P.O. Box Number is Not Acceptable)	Liz Getzoff
83	4839 SW 148th Ave Suite 315
84 City	Ft Lauderdale FL
85 Zip Code	33330

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 *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	PED SUPPO, AVIVA	3350 NW 22ND TERRACE, #100-B	POMPANO BEACH FL	
	SD NICHOLS, ROGER	11937 SW 12TH COURT	DAVE FL	<input type="checkbox"/> DELETE
	VPD GOFF, BOB	16201 NW 49TH AVENUE	MIAMI FL	<input type="checkbox"/> DELETE
	TD FOX, MARTIN	6760 E. ROGERS CIRCOE	BOCA RATON FL	<input checked="" type="checkbox"/> DELETE
	PD GETZOFF, ROY	1099 SHOTGUN ROAD	SUNRISE FL	<input type="checkbox"/> DELETE
	PPD FIELD, CHARLES	269 SE FIFTH AVENUE	DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DAS CHAGAS, Mariana	
43 STREET ADDRESS	167 NE Pineapple Grove Way	
44 CITY - ST - ZIP	Delray Bch, FL 33444	
51 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Judy Friedman	
63 STREET ADDRESS	9700 S. Dixie Hwy.	
64 CITY - ST - ZIP	MIAMI FL 33157	

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: *[Signature]* 6/15/96 (561)276-9490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)