

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90160 025 ****61.25

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DOCUMENT # N17096

1. Corporation Name

GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC

Principal Place of Business

4939 SW 148TH AVENUE SUITE 315
FT. LAUDERDALE FL 33330
US

Mailing Address

4839 SW 148TH AVE
FT. LAUDERDALE FL 33330
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/02/1986

4. FEI Number

59-2737710

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

9. Name and Address of Current Registered Agent

CHAGAS, MARLENA D
167 PINEAPPLE GROVE WAY SUITE 2C
DELRAY BEACH FL 33444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

T ☐ DELETE

NAME MILLER, JOESPH
STREET ADDRESS 1440 CORAL RIDGE DR. 346
CITY-ST-ZIP CORAL SPRINGS FL 33071

T ☐ DELETE

NAME CHAGAS, MARLENA D
STREET ADDRESS 167 NE 2ND AVE
CITY-ST-ZIP DELRAY BEACH FL 33444

D ☐ DELETE

NAME GRUNDLEDGER, PAULA
STREET ADDRESS 3350 NW 22ND TERRACE #100-B
CITY-ST-ZIP POMPANO BCH FL 33069

D ☐ DELETE

NAME MCCLEAN, CAROL
STREET ADDRESS 6300 MANOR LANE #101
CITY-ST-ZIP S. MIAMI FL 33143

T ☐ DELETE

NAME TUCHLER, GARY
STREET ADDRESS 2230 SW 70TH AVE #1
CITY-ST-ZIP DAVIE FL 33330

D ☐ DELETE

NAME NUSTROM, JUDY
STREET ADDRESS 9700S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33156

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Marlene Chagas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

561-276-9490
Daytime Phone #

CR2E037 (1/98)