

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N22024** (6)  
1. Corporation Name

**GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF  
MORTGAGE BROKERS, INC.**



Principal Place of Business <b>% LORENE BRIDGES 1282 PAUL RUSSELL RD. TALLAHASSEE FL 32301</b>	Mailing Address <b>% LORENE BRIDGES 1282 PAUL RUSSELL RD. TALLAHASSEE FL 32301-7103</b>
---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>08/13/1987</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0137875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRIDGES, LORENE W 1282 PAUL RUSSELL RD TALLAHASSEE FL 32301</b>	
---	--

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	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>SCHAFFLEIN, MARK</b>
STREET ADDRESS	<b>355 NE 5TH AVE.</b>
CITY-ST-ZIP	<b>DELRAY BCH. FL 33483</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>PAUL BYER</b>
STREET ADDRESS	<b>1451 W. CYPRESS CREEK RD. STE 300</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33441</b>
TITLE	T/D <input type="checkbox"/> DELETE
NAME	<b>MITCHELL L. FROMM</b>
STREET ADDRESS	<b>2300 W.SAMPLE RD #108</b>
CITY-ST-ZIP	<b>POMPAHO BEACH FL 33073</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>CRUISE, PAM</b>
STREET ADDRESS	<b>700 W. HILLSBORO BLVD. STE 204</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>
TITLE	DVP <input type="checkbox"/> DELETE
NAME	<b>ARBULU, MARIANNE</b>
STREET ADDRESS	<b>700 W. HILLSBORO BLVD. STE 204</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PAUL A. BYER</b>
1.3 STREET ADDRESS	<b>2915 PALM AIRE DRIVE NORTH</b>
1.4 CITY-ST-ZIP	<b>POMPAHO BEACH, FL. 33069</b>
2.1 TITLE	<b>PRESIDENT ELECT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARIANNE ARBULU</b>
2.3 STREET ADDRESS	<b>700 W. HILLSBORO BLVD. STE. 204</b>
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL. 33441</b>
3.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MITCHELL L. FROMM</b>
3.3 STREET ADDRESS	<b>6043 KIMBERLY BLVD. STE. H</b>
3.4 CITY-ST-ZIP	<b>N. LAUDERDALE, FL. 33068</b>
4.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PAM CRUISE</b>
4.3 STREET ADDRESS	<b>700 W. HILLSBORO BLVD. STE. 204</b>
4.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL. 33441</b>
5.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ADAM EISENMAN</b>
5.3 STREET ADDRESS	<b>500 S. PINE ISLAND RD. STE. 500</b>
5.4 CITY-ST-ZIP	<b>PLANTATION, FL. 33324</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)